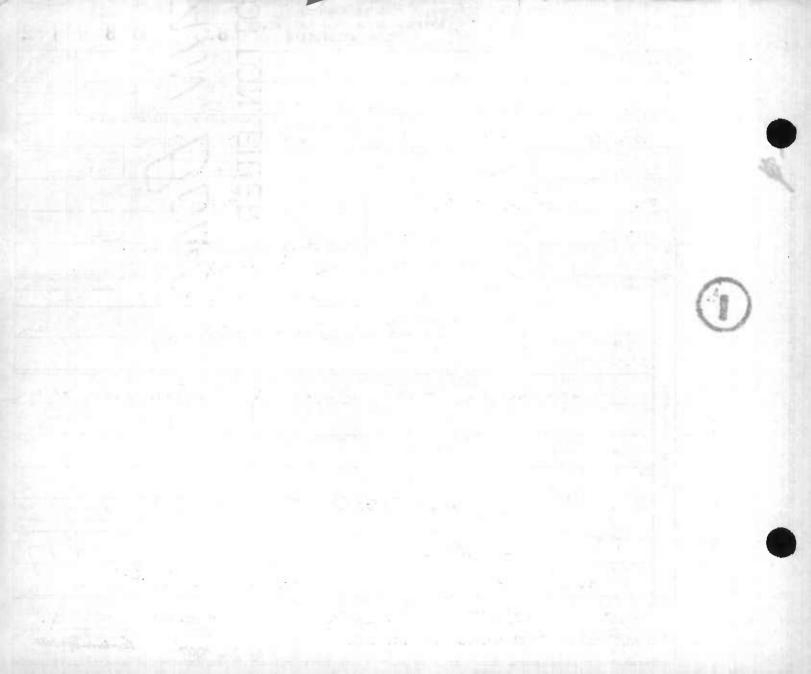
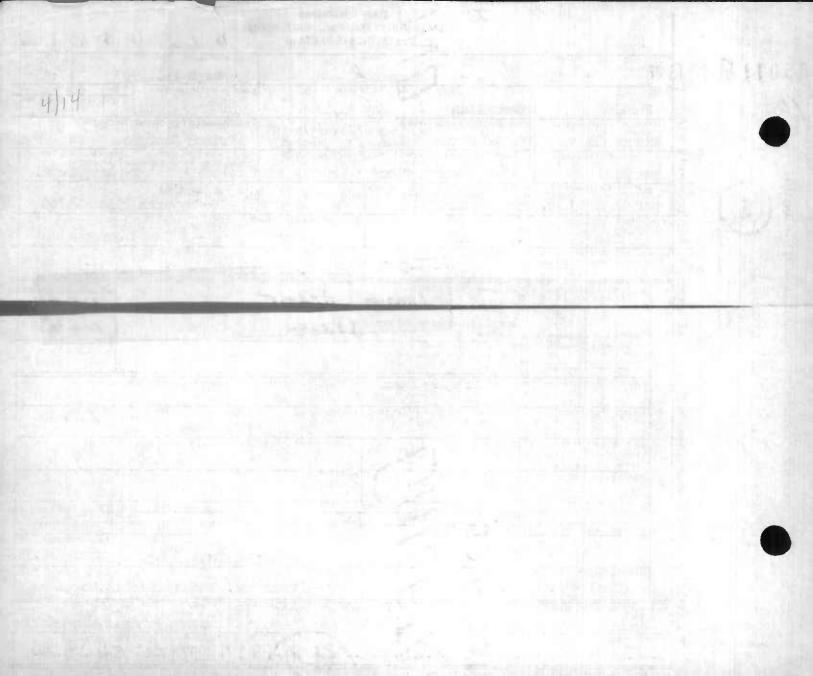
1	FOR			DED 4 DE4					
13-	STATE 7							0	0 1 1 1
	CEASED NAME	FIRST	(VIL)	MIDDLE	NAMINEK 3	LAST		-	NTH DAY YEAR 75 HOUR
(TY	PE OR PRINT)	Office	cia	A	4/	is and on	OF	ESTI.	
3 SE	X 4 RAC	E	DATE OF BIRTH	VEAR	6. AGE (IN YEARS IF L	INDER TYR. IF UNDER	24 HRS 2c DATE	E MON	TH DAY YEAR DO HOUR
12	male of	lack	Sept. 5,	1940	46 YRS.	NTHS DAYS HOURS			-5 1987 AM
E	DREIGN COUNTRY)			HAT COUN	TRY?	RIED NEVER MARK	HED L		
				017 41 4115					
		AID	(IF NOT IN SUCH FA	CILITY GIVE ST	REET ADDRESS)		FOR MOST OF WO	RKING LIFFT	OR INDUSTRY II S
USU	AL RESIDENCE (IF IN N	URSING HOME OR	OTHER INSTITUTION, GE	VE RESIDENCE I	BEFORE ADMISSION)		Supervi	SOL COMM	Govt.
				Temp.	le Hills	13d. INSIDE CITY LIMITS?	6903 We	stchester	Ct. 20748
	ATHER'S NAME		MIDDLE	-	ACT	15 MOTHER'S MAID	ENNAME	uppie.	NACT.
1	George					Alberta	^		Love
160	PES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)						001 Suitland Rd.
						Sabena Al	exander	Su	itland Md 20746
z	lying couse lost		(c)			LSE OR CONDITION GIVEN IN PA	IRT 1 ta	ana ya	
A S	19a DATE OF OPER	ATION	196. CONDIT	ION FOR V	VHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
SFI									YES NO.
					DAY YEAR 21c	HOW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	
OICAL	214 INTURY OCCUP	PED			19	OCATION			
ME	WHILE NOT	WHILE D				STREET	CITY OR TO	IWN	COUNTY STATE
	Contract Con		of the remains des	Fribed obov	re, held on Auto	psy , Inspectio	n Inquiry	, ond in m	у оргазоп
	death resulted from	n: Noturo	I couses . ,	Accident	, Suicide	, Homicide .	Undetermined m	onner,	
	ACTUAL	Aug	unto X)	4/11	136119/	THEPHEY		DA	ATE 3-5-57
	-	SI	7	1 1 1	1 Dun	M.D		AINER SK	GNED
	(TYPE OR PRINT)			codrig	guez, M.D.	_ADDRESS	Kayburn C	Ct , Temp	le Hills, MD
							236 LOCATION		COUNTY STATE
-	the state of the state of								
000	NAME Alarand		ADDRESS			MAI	109 1987		CO DIGITATIONE
	3 SE Wallow Webicat Certification	Clinton USUAL RESIDENCE (IF IN NO 130 STATE Maryland 14 FATHER'S NAME FIRST GEORGE 160 WAS DECEASED EVER (YES, NO, OR UNKNOWN) NO 18 CAUSE OF DEA PART I DEATH V Conditions, if gove rise to couse (o) stoting lying couse lost PART 2 OTHER SIGNIFICAN 190 DATE OF OPER. 210 EXTERNAL CAU UNDERLYING UNDERLYING CONTRIBUTING CONTRIBUTION, EXAMINERS NAME (SPECIFY) 230 BURIAL CREMATION, EXAMINERAL DIRECTOR 24 FUNERAL DIRECTOR 24 FUNERAL DIRECTOR 25 FUNERAL DIRECTOR 26 FUNERAL DIRECTOR 180 CAUSE OF DEA PART 2 OTHER SIGNIFICAN 216 EXTERNAL CAU 216 EXTERNAL CAU 217 CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION 218 CAUSE OF DEA 219 CAUSE OF DEA PART 2 OTHER SIGNIFICAN 210 EXTERNAL CAU 211 EXTERNAL CAU 212 EXTERNAL CAU 213 EXTERNAL CAU 214 EXTERNAL CAU 215 EXTERNAL CAU 216 EXTERNAL CAU 217 EXTERNAL CAU 218 EXTERNAL CAU 219 EXTERNAL CAU 210 EXTERNAL CAU 210 EXTERNAL CAU 210 EXTERNAL CAU 210 EXTERNAL CAU 211 EXTERNAL CAU 212 EXTERNAL CAU 213 EXTERNAL CAU 214 EXTERNAL CAU 215 EXTERNAL CAU 216 EXTERNAL CAU 217 EXTERNAL CAU 218 EXTERNAL CAU 219 EXTERNAL CAU 210 EXTERNAL CAU 211 EXTERNAL CAU 210 EXTERNAL CAU 210 EXTERNAL CAU 211 EXTERNAL CAU 212 EXTERNAL CAU 213 EXTERNAL CAU 214 EXTERNAL CAU 215 EXTERNAL CAU 216 EXTERNAL CAU 217 EXTERNAL CAU 218 EXTERNAL CAU 219 EXTERNAL CAU 210 EXTERNAL CAU 210 EXTERNAL CAU 210 EXTERNAL CAU 210 EXT	TO ECEASED NAME (TYPE OR PRINT) 3 SEX 7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington D.C. 10 CITY OR TOWN OF DEATH Clinton USUAL RESIDENCE (IF IN NURSING HOME OR 130 STATE 136 COUNT P. G. 14 FATHER'S NAME (YES, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couselost. PART ? OTHER SIGNIFICANT (ONOITIONS (I) 190 DATE OF OPERATION 190 DATE OF OPERATION 191 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE AT WORK AT WORK 210 EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DE 21d INJURY OCCURRED WHILE AT WORK AT WORK 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 21d INJURY OCCURRED WHILE AT WORK	TOUR PART I DEATH COUNTY MASHINGTON D.C. 13 SEX 14 RACE SOLATE OF BIRTH MONTH DAY SEPT. 5, 76 BIRTHPLIACE (STATE OR FOREIGN COUNTRY) WASHINGTON D.C. 10 CITY OR TOWN OF DEATH Clinton CSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OF 130 STATE MATYLAND 13 COUNTY MATYLAND 14 FATHER'S NAME FIRST GEORGE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per per PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (A COUNTY OF DEATH (ENTER ON) OR OTHER INSTITUTION, OF 18 CAUSE OF DEATH (Enter only one couse per per PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (A COUNTY OF DEATH ON) 19 DETO, OR 19 DATE OF OPERATION 10	TO SPATE 7 IN REGISTAR TO DECEASED NAME (IVVE OR PRINT) 3 SEX A RACE Spate of BIRTH ANDRE Sept. 5, 1940 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington D.C. ID CITY OR TOWN OF DEATH CLINTON U.S.A. ID CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NUE (F NOT INSUCH FACRITY GIVES TO SOUTHERM MATY) Waryland IV FATHER'S NAME FIRST GEORGE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO, OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per Aper for (o), (b), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G. T.	TO DEPARTMENT OF HEALT MEDICAL EXAMINER'S I. DECEASED NAME (1775 OF PRINT) J. SEX.	MEDICAL EXAMINER'S CERTIFICATE	DEFARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DESTH DEFEASED NAME (1907 OF PRIAD) DEFARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DESTH DEFARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DESTH DEFARTMENT OF HEALTH AND MENTAL HYGIENE DEATH DEFARTMENT OF HEALTH AND MENTAL HYGIENE DEFARMENT OF HEALTH AND MENTAL HYGIENE DEFARTMENT OF HEALTH AND MENTAL HYGIENE DEFARMENT ON HOR MENTAL HYGIENE DEFARMENT ON HEALTH AND MENTAL HYGIENE DEFARMENT ON HOR MENTAL HYGIENE DEFARMENT ON HOR MENTAL HYGIENE DEFARMENT ON HOR HYGIENE DEFARMENT ON HOR	DEPARTMENT OF HEALTH AND MENTAL HYGENE MEDICAL EXAMINER'S CERTIFICATE OF DESTH REG. DESTEDANCE TOPIC OF THE STATE OF DESTH REG. DESTEDANCE TOPIC OF STATE R

Paris H. Historia Fine Sheet 13 . , Appet and the stage of a discovery The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1/DECEASED NAME EAST 20 DATE OF DEATH MONTH William ANDREWS March 20, 1987 8:15P M Madison 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR MONTH YEAR Male White 1894 June BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia USA WIDOWED DIVORCED Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctor's Hospital Lanham Salesman Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Va. PO Box 134 Westmoreland Hague YES T NOF FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Richard F Tda Andrews Adams 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT107 Independence Street 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 214 03 8456A Terry Andrews (Son) Rockville, Md. Yes WWT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) tericialne 12 Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the decelared fram 20 LV saw the deceased alive an 3 abave, (1) (we) (did) (did not) view the and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LINE OF FEE 22e ADDRESS Dr.Roger Ingham 6510 Kenilworth Ave.Riverdale, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23h DATE Md. STATE Burial 3/24/87 Ft.Lincoln Brentwood 256 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE "Hines Rinaldi 11800 New Hamp Ave.S.S.Md. DHMH - 16 60M 7/84 (VRA 15, 4)



			1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	B REG NO	0 8	9	3	
7 5 0				CEASED NAME FIRST		MIDDLE	· ·	AST	2a DATE OF DEATH	MONTH DAY	YEAR 26 H	IOUR	
151	a as	ture	01	Olga	a	- Ar	ndersc	n	March 2	6, 1987		45a M	
1 40	To To		3. SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDE	RIYEAR IF UN	IDER 24 HRS	
15	ge 4 ector	na	2	Female	Caucas	sian	May	21,1896 YEAR	90	YRS.			
	Po di	8/9		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH		
	nero in 22	8 V		innesota	United		WIDOWE	D DIVORCED	Prince G			MD.	
	he fe	3/-1		TY OR TOWN OF DEATH	LIE NOT IN SUE	CHEACHITY GIVE STREET	ADDRESS1	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) IND	KIND OF BUS		
201	of hy t	0		on Hill		layworth 1			Retired-Sec	retary Na	avy Der	ot.	
ND 213	(1)3	doop	13a. S	at residence (if nursing home of tate 13b coulary land Pr.		136. CITY OR TOW Oxon Hi	'N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e. STREET ADDRESS 416-Hayw	orth Plac	ce 2074	45	
BALTIMORE, MARYLAND 21201		10	14. F/	ATHER'S NAME Chris	MIDDLE S.	Anderson		15. MOTHER'S MAIDEN NA/ FIRST Jensena	ME MIDDLE	Jei	nson	of the last	
RE,	es co	-		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS			
W	Pog c	Ve Ve	,	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	474-03-	5430	Lois J. Ander	son(Niece)	same as	#13		
SALT	ote b	ent, the metric oproved		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe	r line for (iii), (hii, an	d (es.)	4			APPROXIMATE II	NTERVAL AND DEATH	
	ng phy bo po re hov	a e		PART I. DEATH WAS CAUS	FD BA	- 4	720100	ARREST			2-6	No.	
I W. PRESTON ST	that the death c I by the attendirects remove cork of, cremation, or	buriol, cremotion, or y, or other troumotic fied and		Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost		1-23							
RDS, 201	equires in signed Then pluri		NO	PART 2 OTHER SIGNIFICANT	oition given in i	ART 1(0)							
AL RECO	on. hos beernit	N N	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (YES	CAUSES OF D		
DIVISION OF VITAL RECORDS,	iCIAN T g physici entificate iol-transi	ed or Went Josh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	EATH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR	PART 2)		
IVISION	offendin ter this o	rked or l	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY FREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOW	vn cou	NTY	STATE	
٥	TTENDIN pitol or TTOR: Af for use of	ical		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did in	reb. 1	7 ofter death.	Sept	13 , 19 86 and that in (my) (our) opinion (to March death occurred on the de		,	(I) (we) lost es stoted	
	AL OR A the hos AL DIREC detoched ote Dept.	II. If Hem		22b. SIGNATURE	- War	כי		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F	March 2	26 , 1987	
	O HOSPITA etoined by TO FUNERA should be di	PORTAN		Charles F.C	olao,MD,	PA		3710-Riviera	St., Marlow	Heights	,Maryla	and	
	5 5 5 4 3	ROG .₹	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT		STATE	
	BP	- "		Burial	Mar.30	0,1987 Da	nish I	Baptist Cemete				sota	
	DHMH - 16 50M 7/7	7 7		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	1 4			
	(VR A 15 (4))		J.	Wm.Lee's Sons	Co.300-	4th St., N	E, Was	1.,DC20002 AP	R 1 0 1987 Julia Devidern. Randale				

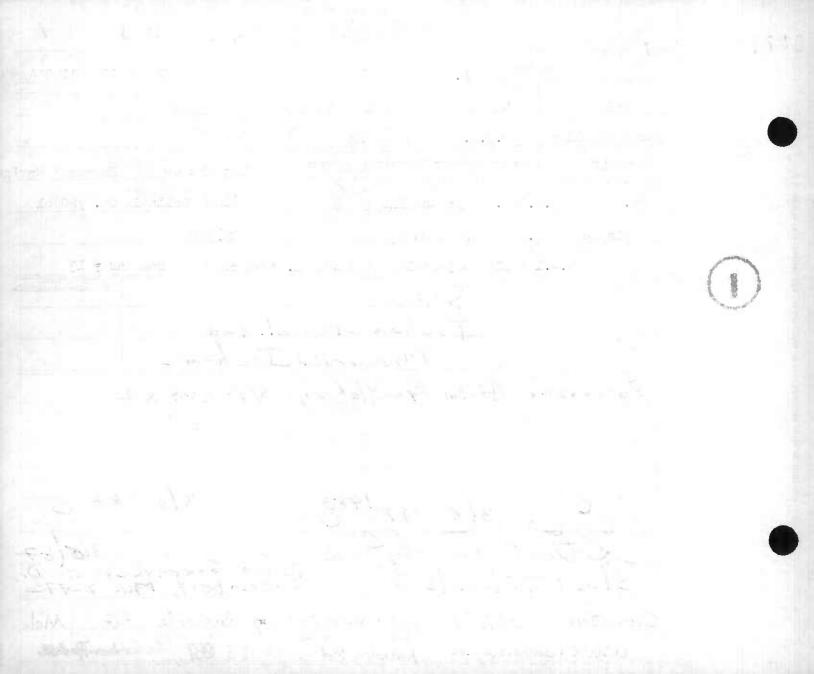




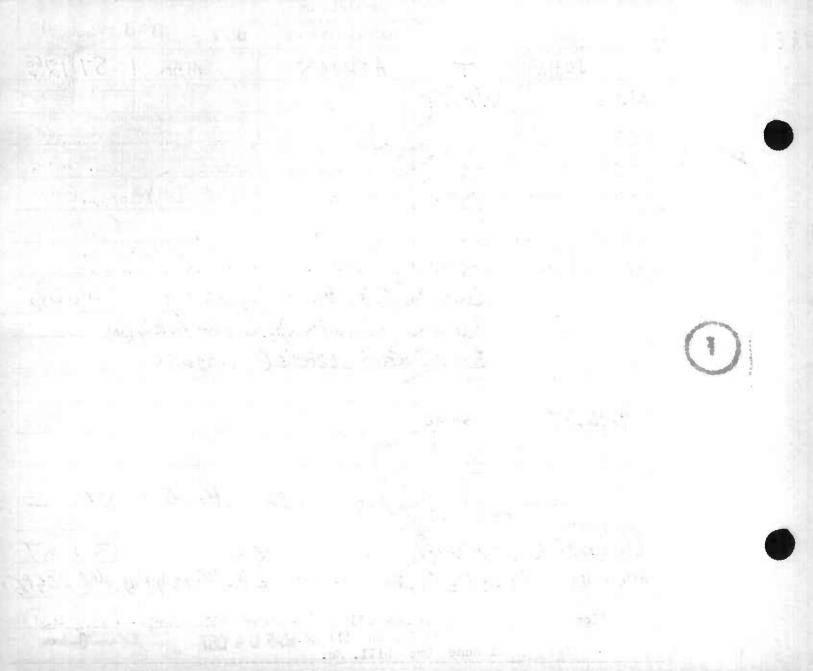
		1	FOR		D	EPARTMENT C	OF HEALTH	AND MENTAL P		are.	179	. 1	-
01	705.	1-	STATE REGISTRAR		MED	ICAL EXAM	OF DEATH/	REG. Q	8	1 1	3		
U	72541	I. DE	CEASED NAM	E FIRST		MIDDLE		LAST	2a. DATE	KNOWN X	MONTH D	AY YEAR	26 HOUR
	E SS SS E] ""	E-OHPKINI P	Lucill	le B	lanche	Ar	pleman	OF DEATH	MATED [3/11	1987	1
	A SHE SHE	3 SE	(4. RACE	5 DATE OF BIRTH	6 AGE (NYEARS IF UN	DER 1 YR. IF UNDER			MONTH D	AY YEAR	2d HOU
	N SI SI	F	emale	White	Feb. 8, 1	929 58	YRS. MONT	HS DAYS HOURS	MIN PRONOU		3/11	1987	2d HOU
	A A A A A A A A A A A A A A A A A A A	7a B	RTHPLACE (S	STATE OR	76 CITIZEN OF WHA		To.		9 BALTI	MORE CITY O	R COUNTY O		11.
-	SE S	V	irgin:	ia	USA		WIDOV	VED DIVORCE		oco Goo	orge's	County	,
1	V IS NECESSARY, PLEASE THE FUNERAL DIRECTOR AGE S FOR YOUR FILES. FILED, WITHIN 72 HOURS ZOI W PRESION STREET,		ITY OR TOWN		11. NAME OF HOSP	ITAL NURSING HO			12a USUAL OCCI		OF WORK 12h	KIND OF BL	USINESS
10	> ESES	1	Bowie		(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRE	55)		Bus Dr	ORKING LIFE)		G. CC	
	N N N N N N N N N N N N N N N N N N N			(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE				Dub DI	LVCI	1.	0. 00	
21201	RANY DELA Z. AND 3 TO RETAIN PR RHOULD BE I		aryland	Prince	e George's	Bowie		YES NO		6th St	reet	クフト	5
A	H Z S S S	14. F.	ATHER'S NAM	Ε	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
W.	EAT SES		Samue:	1		Woods		Lydia			Unkn	own	
INO IN	PAGI FOR ON O		VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECU		17 INFORMANT		ADDRESS			17.17
ALT	RS AFTER GIVE PA WITH FOR L. PAGES I DIVISION		No		1-A	578-36-	7105	Marvin	L. Apple	eman	#13e		
RESTON ST., BALTIMORE, MD.	MI WILL		18 CAUSE C	OF DEATH (Enter on	ly one cause per line f	or (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
2	F. E. R.		PARTIDI	EATH WAS CAUSEI	TE CAUSE (6) ACI	ute myoca	rdial	disease					, and bearing
05	TED NP E NO PE NO		11.31	7,4,12,5,1,1		S A CONSEQUEN							
/2	ANS ALH REM			ins, if any, which ise to immediate	(b) Chi	ronic mvo	cardia	l disease.			195		
3	SN N N	13	cause (a) stoting the under-	('	S A CONSEQUEN				ALCON.			101-
201	EXA EXA		lying car	use lost.	(10)						16.0		
DS.	XECUTED THE GOVERNMENT OF THE		PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART Tios.				
DIVISION OF VITAL RECORDS, 201	"PENDING" IN "PENDING" IN EF MEDICAL EX ED AS A BURIA HEALTH AND A AL, CREMATION	Z	10010			None							
#K	HEA A	CERTIFICATION	190 DATE OF	PERATION	19b. CONDITI	ON FOR WHICH O	PERATION W	AS PERFORMED?			2	0 AUTOPSY	?
¥	早島主当内を~~	1 \	No	ne							1	YES 🗆	NO X
7	CERTIFICATE SHITING THE WORDED TO THE CIDED TO THE CIDED SHOULD BE EDEPARTMENT (FOR TO BOTH TO	1 8	21a EXTERNA	AL CAUSE WAS	216 TIME OF			OW INJURY OCCURRE	D LENTER NATURE OF	NJURY IN ITEM 18 F	PART 1 OR PART 2)		- 50
N	THE CONTROL		UNDERLYING	G OR ING CAUSE OF I	DEATH P.M.	MONTH DAY Y	EAR			lone			
1SIC	ERTING THE STATE OF THE STATE O	MEDICAL	21d INJURY		21e PLACE OF	FINJURY (ATHOM		CATION					100
5	SEROES	3	WHILE AT WORK	NOT WHILE	STREET, FACTO	RY, FARM, ETC)		STREET	CITY OR TO	NWC	COUNTY		STATE
	PAN STA									[V]	-		
	A A S S A A A				e of the remoins descr						d in my opinia	n	
	ME HE SE		death result	red fram: Nator	yal causes X,	Accident	Suicide	, Homicide L.	Undetermined n	nonner			
	A VERGE		ACTUAL	Ch	011	1/00		TITLE (SPECIFY)			DATE	2/12/0	0.7
	SHE SHE		SIGNATURE	7	-20	1	N	Deputy	MEDICAL EXA			3/12/8	
	WO CON		EXAMINER'S	NAME .	John S. Roo	none M D		1919	Seminary r Spring.	Road	omowy	County	, MD
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY ATER EDEATH, WITH THE SIX BALLTMORE, MARYLAND, 2'	22. 0	(TYPE OR PRI						Shi fild	MONEG	ollery	County	, MD
		1	SPECIFY)	TION, REMOVAL 2				OR CREMATORY	23d LOCATION CITY OR TOWN	orri 1 1	COUNTY		TATE
07/84 25M	BP	74 E	Burial UNERAL DIREC		3-14-87	Md.Ve	teran		REC'D. BY REGISTE	SVIII			
	DHMH - 17	1	NAME		ADDRESS			ARA	R 1 3 198	Julia	STRAK'S SIGN	- Landar	R.Du
	(VR A15 ME (5))		Т	.A. Harde	esty Anna	polis, M	ld.214	01 101	11/10 1001	0			

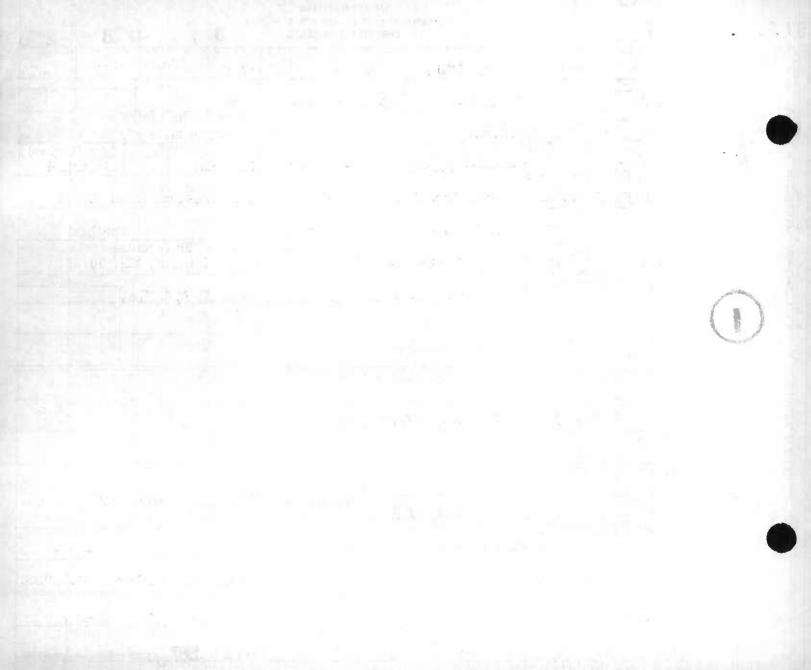


4/9



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR TYPE OR PRINTS JOHN 4 RACE 3. SEX 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 DATE OF BIRTH MONTH YEAR 29 19 70 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED EN NEVER MARRIED COUNTRY USA Virginia PRINCE GEORGES WIDOWED DIVORCED COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR SOUTHERN MARYLAND LTYPE OF WORK FOR MOST OF WORKING LIFE Fed. CLINTON MD Gov't. Retired USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE Prince George Ft. Washingtones 2803 Rose Valley Dr. 20744 13d INSIDE CITY LIMITS? Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST Maude Robert Atkins Gore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 2803 Rose Valley Dr. YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! Iona E. Atkins Ft. Washington. Md. WWII 577-16-7053 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), 1b), and (c PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate couse lol, stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? SAME NOW NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OI HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 270.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) four opinion deoth occurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING AMEDICAL. FUNERAL old be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION CITY OR TOWN Cremation BP Metropolitan Crematory Alexandria 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 George P. Kalas Funer al Home (VRA 15, 4) Oxon Hill. Md.





Prince George's 176 KIND OF BUSINESS OR Solar Cell Tech. 13e.STREET ADDRESS / ZIP CODE 7000 Hillmeade Rd. 20759 Barber Mrs. Virginia Barbour, Same as Line #13 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 COUNTY 22c DATE SIGNED CITY OF TOWN Burial 3-19-87 Ft. Lincoln Cemetery Brentwood, PG, Maryland 24 MINANUS SORGASCH'S SONS FUNERAL HOME, P. A. DATERECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 4739 Baltimore Ave., Hyattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

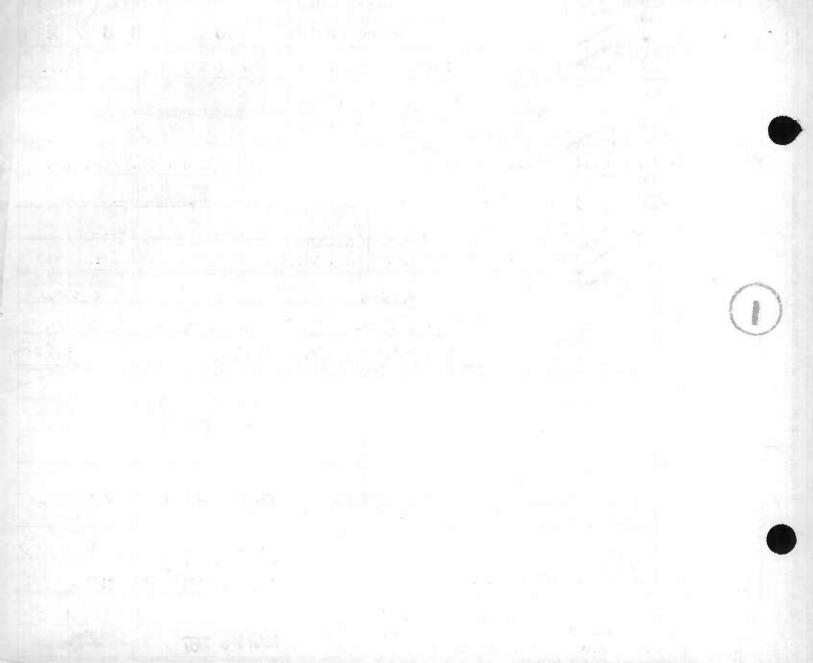
26 HOUR

IF UNDER 1 YEAR

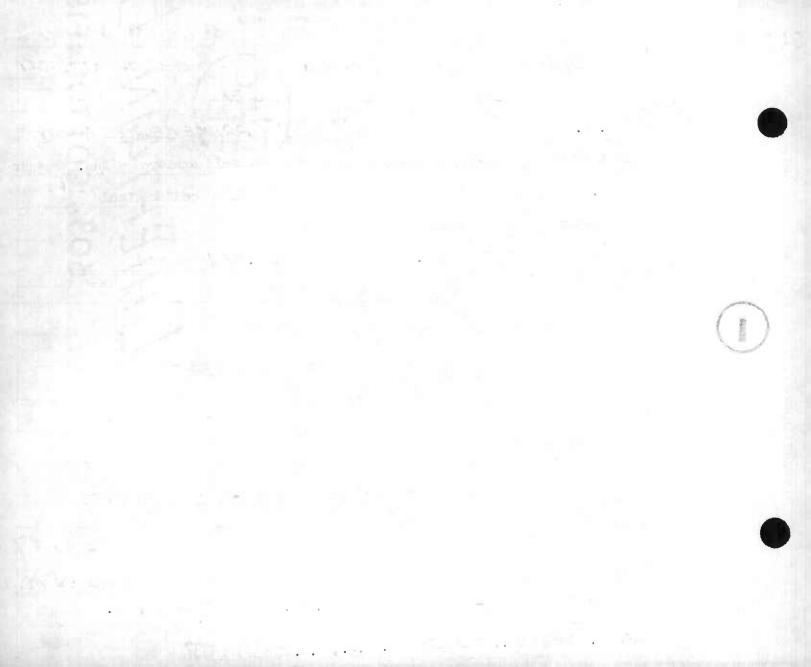
DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

REGISTRAR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) DAVID 03-26. BARLOW 87 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) OF 27 Male Black 59 TO BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA PRINCE GEORGES COUNTY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION / Self employed Bus. Manager WSUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY. 131 CITY OR TOWN 13e STREET ADDRESS 5102 Woodford Land Upper Marlborous M Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Barlow Vanstory Bessie Edge 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES NO OR TENOWN) Unk. Mary Barlow.wife/same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH | Enter only one couse per line on on, to , and is PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased/from sow the deceased alive on. and that in (my) (our) opinion death occurred anothe date and hour and from the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN' DIRECTOR PHYSICIAN 22e ADDRESS BERWA 1300 MERCANTILE LANE, LANDONER MD 134 NAME OF CEMETERY OR CREMATORY Harmony Mem. Pk. CHY Landover, Mdw 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 John T. Rhines Co., 3015 12th St. N.E., D.C. 200173 (VRA 15, 4) wie Devidson-Randell



	1			STATE OF MARYLAND		
	11	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL HY		8 9 9 3
		REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO.	0 7 2. 0
2 = MAR I		CEASED NAME FIRST	MIDDLE	LAST	TO DATE OF DEATH	DAY YEAR 26 HOUR
deat	0	ALE	KANDER	BASKY	3.	8.87 3.32
	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR
10		Male	White	Sept 10, 1913	73 yrs	NOW IS THE REAL PROPERTY.
149		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
3/	I	lew York	U.S.A.	WIDOWED DIVORCED	PRINCE 6	EUN BES CO 1
3/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS C
10		CLINTON	So Mm	LY LAND HOSP	NONE .	NONE
3/	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BET	PORE ADMISSION 13d INSIDE CITY LIMITS?	134 STREET ADDRESS / 71P CODE	
30	Ma		Geo/Temple H		13. STREET ADDRESS / ZIP CODE 2302 Dawson	Street/2074
127	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		1467
600		Frank	Bas	ky Gizell	a MIDDLE	Fishbein
Jicol /	160	WAS DECEASED EVER IN U.S. AR				son Street
1/		YES, NO OR UNKNOWN) (1F YES, GIV	577-8	4-8144Cornelia S	heary/Temple H	ills,MD 207
1 F		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
2 5			E CAUSE (0) a Core	GUTRE INTESTINI h	em onnhow	
2 3						
and and		Consider to the state	DUE TO, OR AS A CONSEC	CSUPHOGITIS		
frat		Conditions, if any, which gave rise to immediate	(b) (C) TIE	C307x . 6.7713		
ther		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
oro			(c)			
to bu	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING !	O DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIV	EN IN PART 11a
117	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
12/	표				IN CERTIF	YING CAUSES OF DEATH?
3	ER	210. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	121r HOW IN HIRY OCCUR	YES NOW YE	
-		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	LEWISK MATURE OF INJURY IN 115W 18 1	ART I OK PART 2]
2/	2	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
2 0	MEDICAL	21d IN JURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ork o		AT WORK				
8		22a.1 certify that (I) (this hospid			, to	19, that (It (we)
2		saw the deceased alive an above, (1) (wet (glid) (did no	1) yiew the body after death	and that in (my) (aur) apinion	death occurred an the date and have	and from the causes stated
Hem		22b. SIGNATURE	The wine body after death.	DEGREE		22c. DATE SIGNED
Ž = ,		Will	4+7	MO ATTENDING PHYSICIAN	MEDICAL STAFF	3987
3-1	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINTI	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	744
1 6		William	-		10	
¥-1	22-		1-LIRSI	11701 616	INGSIGN K.D /	T WASIT DI
	730	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
-	_			eorgetown Med Sc		D. (
M 7/B4	24 F	UNERAL DIRECTOR COLON	ADDBE C		TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
4)	20	5 MISSOURI A	WE, NW WASHI	NGTON, AC. 20011 MA	D 1 7 4007 / 4 -	
				THE MA		A STATE OF THE PARTY OF THE PAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR T DELEASED NAME 20. DATE KNOWN TO MONTH DAY OR PRINT Gustav Sustav DEATH MATED George Baumann 4 RACE DATE OF BIRTH AGE LIN YEARS IÉ UNDER TYR IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY PRONOLINCED B:31p 1087 white 03 18 31 56 DEAD male A BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY! Prince George's County USA WIDOWED | Hungary CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS Eugene Leland Memorial Hospital Riverdale Construction Carpenter SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) De STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Garrett MD Accident Box 61/ zip code 21520 YES NO IX 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Weigoni Mezdone Emil Baumann Veronika 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES, NO. OR UNKNOWNE LIF YES GIVE WAR OR DATES 5/11/53-5/4/55 220-32-5133 Kathleen S. Baumann same as 13 above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head Injuries IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THIS CERTIFICATION THE WORD RANDED TO THE CHE RANDED TO THE CHE RANDED BE USED FOR STATE OF S YESX NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING TO Driver in auto/auto collision CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY TATHOME. 211 LOCATION STREET, FACTORY FARM, ETC.) 6300 blk Kenilworth Ave. Riverdale PG CO.MD WHILE AT WORK VAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: UFTER DEATH, WITH THE S 228 I certify that I took che be of the remains described above, held on Autopsy X Inspection Inquiry ond in my opinion Accident X death resulted from Suicide Homicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL 4-1-87 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. KOkes, M.D. ADDRESS 111 Penn St. Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Md. Veterans Buria1 April 1987 Cheltenham 07/B4 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS Julia Divideon Pandall (VR A15 ME (5)) Rausch_FH Owings MD

Funeral Home



3 HAR	a3	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	0 8	9	2 6
1/	DEC	PAY WOOD	Willi	p m	Be	MAS	3-11	MONTH DAY	87	9:30 DM
1/23	1. 5EX	mA/E	B/A	ck	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS	DER I YEAR	HOURS MIN.
4)	In BIF	THPLACE (STATE OF FOREIGN DUNITY)		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Prince G		DEATH	MD.
1	1	andover	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	128 USUAL OCCUPATION OF WORK FOR MOST OF	ON IS	NDUSTRY	F BUSINESS OR
184	USUA	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	Greeley GIVE RESIDENCE BEFORE 136. CITY OR TOW Landove	ADMISSION)	13d INSIDE CITY LIMITS?	Custodia 13. STREET ADDRESS / 2408 Gre	ZIP CODE	Pvt 1 2	
1/01		THER'S NAME	WIDDIE	Owen		15 MOTHER'S MAIDEN NAM			LAS	
17	The V	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU 5783421	RITY NO.	Nora Bella	ADDRE	SS	La	nd98985
) in order		18 CAUSE OF DEATH IEnter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which	D BY TE CAUSE (a)		O RE	tie a ANG	ey faile	Reetun		Amas
at cremati or other tra		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	NCE OF	tension				8
or to be-	TION	PART 2 OTHER SIGNIFICANT								
and of the	CERTIFICAT	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING YES		
9	CAL CE	21g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A	DF INJURY M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	ORPART 2)	
ond We by	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
for use of Health		22a 1 certify that (II) (this hosp saw the decease dialize ar above (N) wei (did) (did no	MALC	67 108	max 2	d that in (my) aur) apinion of	death occurred an the do	ite and hour and		tha (we) last couses stated
desociate An in Dept	6	TURE STORE	3/1	uston	m	ATTENDING PHYSICIAN	MEDICAL STAF	F	3- A	SIGNED 11
Solid the State of All State of		RONALD P	HAI.	rston	m.n	6916 Col	umbin Po	nt P	1	m dave

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR J.B. Jenkins 7474 Landover Rd

236 DATE

3-14-87

23e BURIAL, CREMATION, REMOVAL

Burial

Landover 25e.

231 NAME OF CEMETERY OR CREMATORY

Harmony

Landover

PG MD18



14.68	49 M	AR I		FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 ped	NO.	0 8	1 2 1
o e	deoth			CEASED NAME OR PRINT)	MYRON		DUBERGER		BENSON	MARCH 9,	1987	DAY YEAR	2: 36 p _M
ge 4 noy	rector. pog		3 SEX	Male		4. RACE Caucasi	an	5. DATE O		6 AGE (IN YEARS LAST B	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po	unerol da	28	Mas	RTHPLACE (STATE OR F OUNTRY) SS.		U.S.A		WIDOWE		Prince Geo	orge's		MD.
1201	n by the	28	Car	TO Springs	1	Malcol	m Grow Ho	address) spita	or other institution 1 Andrews AFB	The USUAL OCCUPATION OF THE OF WORK FOR MOST Retail Su	OF WORKING LIF		E.S.
YLAND 2	ely filled i	5	Mai Mai	tate cyland THER'S NAME	Char	les	Waldorf		13d. INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN NA.	870 Coples			01
RE, MAR	Complete 1 ond 2	80	16a M	Frederick AS DECEASED EVER	IN U.S. AR		Benson	JRITY NO.	Marceline 17. INFORMANT	MIDDLE	RESS	Duber	
TIMOF De exe	S. Poge		Ye	ES, NO OR UNKNOWN)	1953	-1955	020-24-2		Inge J. Bens	on Same as	s 13 A		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' OF THE Note of the low requires that the death certificate be executed within 24 hours.	riding physicic			APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Suspected myocardial infarction Says Says									MATE INTERVAL ONSET AND DEATH
on W. PRES	d by eose ol. c			Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediote g the		PRASA CONSEQU		Cakdial infi	rection			1443
RDS, 2	Then p	inlory, c	NOI	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIV	EN IN PART 10	0
AL RECO	hos bee	9	CERTIFICATION	190 DATE OF OPERAT	ИОН	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	
NOF VIT.	ding physicist certificate burial-transi	-///	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 18 P	PART T OR PART 2}	
DIVISION ING PHY	offer this os the but thought	orked of	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍		OF INJURY REET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTEND	CTOR: A	E 1 1 2 E		sow the decease above (1) we (1)	this hospi dalive on lid (did no	9 mak	ne deceosed from_ 19_ object death	PT	nd that in (my) (our) opinion	, to			that (1) (we) last couses stated
TAL OR	RAL DIRE			22b. SIGNATURE	Mar	TOTAL MARIN	WAK WAI IISAF W		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	
O HOSPI	TO FUNE	5		1734 PHYSICIAN'S RA	37	48-9256. AFSC	93860 CARDIOLOG SAF MEDICAL CENTE		MALCOLM GRO	W MEDICAL O	CENTER	AAFB,	2033 MD. 5300

231 NAME OF CEMETERY OR CREMATORY

Lindenwood Cemetery

24 FUNERAL DIRECTOR Lee Funeral Home, AInc. DHMH - 16 60M 7/B4 (VRA 15, 6633 Old Alexander Ferry Rd. Clinton, Md 20735

23b. DATE 03/13/87

23a BURIAL, CREMATION, REMOVAL

Burial

MAREI DIY 1987 AR W. REGISTARES SIGNAPRE

Stoneham Middlesex

23d LOCATION

20331-

Mass.

Selayer

6-6

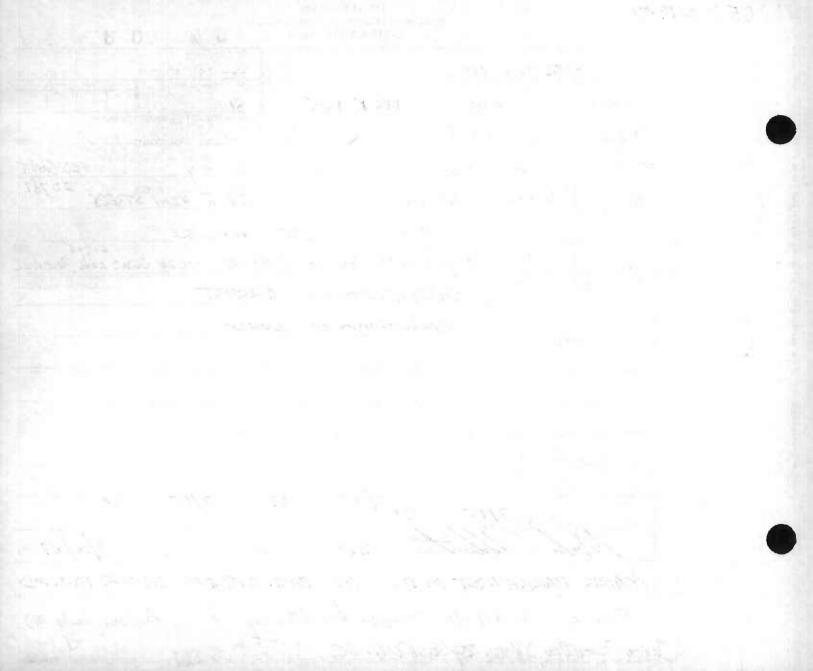
MAR L 1 1987 - Leave

WITE THE RESERVE COMPANY

1000 FAR 90 FAR 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME 20. DATE OF DEATH YEAR 2h HOUR RUFUS BENTON (TYPE OR PRINT) 8 UFUS 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR Male Black JAN". 1919 68 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED NORTH CAROLINA UNITED STATES WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carpenter . construction 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE Prince Geo. Clinton Maryland NOF 9506 Beverly Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST JOSEPH **EZRA** BENTON ANNIE R. HILL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Clinton, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 240 01 0765 SARAH E. BENTON-wife-9506 Beverly Ave Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a. 16), and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HUL NOI RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this hapital) attended the deceased from and that in (my) (opinion death accurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (Mr) (did) (did abt) view the body after death DEGREE ATTENDING MEDICAL FUNERAL vild be dete PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY Burial 3/26/87 Harmony Memorial Park Landover Marvland 25a. DATE REC'D. BY REGISTRARIZSD. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ALEXANDER S. POPE 2617 Pa. Ave., S.E. Wash., D.d. MAR 2 (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN DAY 25 HOUR MARVIN (TYPE OR PRINT) BERRY ESTI-DEATH MATED 5 DATE OF BIRTH 6 AGE UN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 6 1945 DEAD May 41 YRS To BIRTHPLACE (STATE OR 75 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY South Carolina WIDOWED DIVORCED Prince Georges 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Driver Private 13a STATE 113h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS YES3C NO [Prince Georges Temple Hills 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Samue1 Evelyn Berry Lane ADDRESS 2503 Berkley St. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT EYES, NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) Yes 250 74 3957 Virginia R. Berry-Wife Vietnam DIVISI Temple Hills Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: alectic arterio polirotes (erebio + curder Vascul Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN MARYLAND, 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner DIREC. WITH TITLE (SPECIFY) PAGE 4 ST. TO FUNERAL D' AFTER DEATH, A Deputy MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct . Temple Hills. MD 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY) COUNTY Burial 1987 Mar. Family Cemetery Mullins, South Carolina 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Pope Funeral Home 2617 Pa. Ave, SE, Wash., D.C. (VR A15 ME (5))

1 4 4 4 6 G 4 6 1500 110 18 81-8-Mintakall 2505 Porkly Store Bullitan retraining to the court of the court of

14.7627	HAR I	10	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH	IENE 8	REG. NO	0	8	3	2	
	-		CEASED NAME	FIRST		MIDDLE	Ł	AST		2a. DATE OF	DEATH	MONTH	DAY YEAR	2b H	OUR	
3y be	20	(TYP)	OR PRINT)	TIP	STE	EVERSON	BI	LUE			N	MARCH	10 19	87 4	:55P _M	
8	3	3 SE	X		4. RACE	- CONTRACT	S. DATE C	FBIRTH	WE LD	6 AGE (INY	E ARS LAST BIRT	(HDAY)	MONTHS DA		DER 24 HRS	
age 4	X		Male		B1:	ack	Sep	t 24	1933		8.5	YRS			s min.	
oth. Po	1		RTHPLACE (STATE OR COUNTRY)			WHAT COUNTRY USA	MARRIE	NEVER !			nce G	_	OF DEATH			
de de	8		North Caro			HOSPITAL NURS	WIDOWE ING HOME C		NORCED	12a USUAL				D OF BUSI	MD.	
rs ofte	0 8	Camp Springs			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Malcolm Grow USAF Med Ctn						ed Mi		y INDUST			
ND 212 24 hou filled in	35	13a. S	AL RESIDENCE (IF NUR. STATE aryland	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TO' Upper Ma	WN	13d. INSIDE C	ITY LIMITS?	13e STREET /	ADDRESS /	zip codi e Dr		2077	2	
YLA ithing	127		THER'S NAME			-		15. MOTHER	S MAIDEN NAM	ΜĒ		150				
MAR & De la	60	C1	aude		MIDDLE	Blue		Ве	atrice		WIDDIE			Leak		
ORE,	· · · · · ·		VAS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17. INFORMA	ANT		ADDRE		Unn	on Me	arlboro	
BALTIMORE, MA	Hed.	,	Yes	1970	-72	242-46-	3871	Brenda	M. Blu	e 501	2 Rob	lee D	r. Mar	vland	1	
NA CONTRACTOR	t, the		18 CAUSE OF DEAT PART I. DEATH V	H (Enter on	ly one couse per	line for (a), (b), a	nd IC1.1						BETWE	OXIMATE IN EN ONSET A	ATERVAL AND DEATH	
1 (1 14	emo		PART I. DEATH V		D BY: E CAUSE (0)	THE STAT	ES REN	ALECAR	CINOMA	RCIN	uma	-(0)				
PRESTON ST., he dear the property of the prope	of r				DUE TO. O	R AS A CONSEQU	JENCE OF	AL IN			700	-	40	- 20		
deo deo	tion,		Conditions, if ony		(b)								- 8			
the the	er fr		gove rise to im couse (a), statis	ng the	DUE TO, O	R AS A CONSEQ	JENCE OF						1			
that that	roth		underlying couse	e lost.	(c)_							(6.0)				
RDS, 20	to burn njuny, o	NO	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CON	DITIONGI	VEN IN PART	110		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. Wher This certificate has been sign	Paris A	CERTIFICATION	19a DATE OF OPERA	TION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED									CAUSES OF DEATH?		
TAI The	Sho de	E .	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY						JURY OCCURR	YES _	NO		S []	NO		
OF VI	- T		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	210.110 W IIV	OCCORR	ED (ENTERNA	TURE OF INJUR	ST IN HEM 18	PART I OR PART	11		
HYS nding	S F	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATE			CITY OR TO	MN.	COUNTY		STATE	
IVIS UG P offer the	rked	Z	AT WORK NOT WE	HILE D	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC.)	SIREE		1	CITTORTO				STATE	
A A A	s ma		220.1 certify that U	(this hospit	oll gryendrad Rh	e peceosed from	25 MAR	g the	. 19 877	101D	UMARI	th .	19 877	_, that p	(we) lost	
TTEP pritol	2 H		sow the deceas obove (1) we'll	ed olive on) view the body	ofter death.	85 , or	d that in (my)	(our) opinion o	deoth occurre	d on the do	ote and hou				
hos hos	tem tem		226. SIGNATURE		1			EGREE					22c DA	ATE SIGNE	D	
AL D AL D	± 0.5 €		/sec	_ /	Pal	1	1	2D.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	IAN I	10	mi	11ch87	
SPIT d by	TAN TAN	1	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e MIA RE	OLM GR	OW US	AF ME	DCTI	MAC)/SG	RA	
TO HOSPITAL retoined by the TO FUNERAL I should be detailed.	MPORTAN		CEGRGE C	CRA	WFORD C	RAN	funl	ANDF	REWS AF	B, WAS	SHING	TON, I	D.C. 2	0331-	5000	
5 5 5 4	3 ₹	23a E	BURIAL, CREMATION,		236. DATE			METERY OR		23d LOC/						
BP			Buria	a1	Mar 15	, 1987Pr	ovider	ce Chu	rch Cem	Jac	kson	Sprin	Igs M	oore	N.C.	
DHMH - 16			B. Jenkins	FH 7		dover**Rd			25a. DATE	REC'D. BY R	EGISTRAR	256 REGIST	RAR'S SIGN	ATURE	lace	
(VRA 1	3, 4)								9411	111	.001	0		-	All the same of	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) BOSWELL MILDRED 87 03 20 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Female 1913 Caucasian March 5. 74 YRS. TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED PRINCE GEORGES COUNTY Culpeper Co., Va. U.S.A. WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE & Maryland Pr. Georges Brentwood 4142 Bunker Hill Road, #216 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST John Herndon Brown Emma Lewis Fincham 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT [YES, NO OR UNKNOWN] 4142 Bunker Hill Road, #216 578-20-6400 George Boswell/Brentwood, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Acute Respiratory Failure IMMEDIATE CAUSE (p) Chronic Obstructive Pulmonary Disease Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Heart Failure Congelive PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOON YES [NO [71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from 12-30 sow the deceased alive on 3-20 obove. D(we) (aid) (did not) view the body after death. . 19 _ 8 7 _ , and that in [my] (our) opinion death occurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 3-20-87 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Landover Rd 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY STATE Culpeper, Virginia Burial Fairview Cemetery 3/24/1987 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

of the S

ARLINGTON FUNERAL HOME, ARLINGTON, VA. 22203

B G C B STORY

8	9	Ú	d
DAY	YEAR	2b	HOU

						STA	TE OF MARYLAND							
06 NA		FOR 7			DEP		HEALTH AND MENTAL	HYGIENE	7	0	8	9	3	4
		REGISTRAR		000		CERT		10.047	REG. NO		0.44	VE A D	In 110	1110
		CEASED NAME OR PRINT)	EDNA		M.ae		BOZMAN	7a DAII	OF DEATH	03	06	87	26 HC	05PM
	3. SE>		-	4. RACE	7.6.		OF BIRTH	6 AGE	IN YEARS LAST BIRT	HDAY]		RLYEAR		ER 24 HRS
	Fe	male		Caucas	sian	Sep			81	YRS.	MONIH5		HOURS	MIN.
500		OUNTRY)	OREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	IED NEVER MARRIED	9 BALTI	MORE CITY O	COUNT	Y OF DE	ATH		
35		ryland		U.S.A		WIDOV		DDT	VCE GEO	RGE 1	S CO	UNTY	,	MD
Day 1	10 CI	Y OR TOWN OF DE	ATH	11. NAME OF			OR OTHER INSTITUTION		AL OCCUPATION			KIND C	F BUSI	VESS OR
14		CHEVERLY		PRINCE			CAL CENTER		sewife	. WORKING	are) HAL		a_Hc	me
26	USU/ 13a. S	L RESIDENCE (IF NUR		ROTHER INSTITUTION	N. GIVE RESIDENCE	BEFORE ADMISSION	4)		ET ADDRESS /	710 000	\r			
2		ryland	136. COUR		Hyatts		YES X NO		Beech			ad_	2078	12
4	14. FA	THER'S NAME		MIDDLE	LAS	LT.	15. MOTHER'S MAIDEN		MIDDLE	977		LAS		
4		Oliver 7				,,	Alice		Mae		Г	rvc		
		AS DECEASED EVER	IN U.S. AR	MED FORCES?	-	SECURITY NO	17. INFORMANT (Da	ughter		s Woo				oot
	No	ES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	214-52	2-6158	Gloria New	berry	Hyai	ttsvil	le	Md	207	282
É		18 CAUSE OF DEAT PART I. DEATH V	H (Enter ar	nly one cause pe			, ,			74		APPROX BETWEEN		
		PART I. DEATH V		ED BY: TE CAUSE (o)	Acc	te Co	eretral	1/05	cular	AC	cia	01		
ofic e			HANGE OF THE	/	DR AS A CON	SECULENCE OF	11							
E		Canditions, if any, which												
	170	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying cause last.												
i .		PART 2 OTHER SIG	NIFICANT (CONDITIONS	ONTRIBUTIN	G TO DEATH BI	IT NOT RELATED TO THE	TERMINAL DIS	EASE OR CON	DITION G	IVEN IN	PART 1	a ·	
ony injury.	ON	Fr	\$00	stre	600	19 1	75095							
O a	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONI	DITION FOR W	WHICH OPERAT	ION WAS PERFORMED	20a A	UTOPSY?	20b. IF Y	ES, WER	E FINDI	NGS US	ED
7	TIFIC					6 0 5		YES [] NO[]		ES 🗍	CAUSES	NO	
-	CER	21a. ACCIDENT WAS UN	-	110110	OF INJURY	L DAY VEA	21c. HOW INJURY OC	CURRED (ENTE	R NATURE OF INJUI	RY IN ITEM 18	PART L OR	R PART 2)		
9	AL	OR CONTRIBUTING		Ain	P.M.	H DAY YEA								
1	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION STREET		CITY OR TO	14/61		YINUC		STATE
	W	WHILE NOT W	TILE [(AT HOME, S	TREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET		CITYONTO	414		201417		STATE
		22a.1 certify that (1		ital) attended t	he deceosed	from	Torch 19	87 10	119	rcho	19 8	7	that (I)	(we) lost
51 12		saw the design				01	and that in (my) api	nian death acc	urred an the do	ate and ho	our and f	fram the		
		22h SIGNATOW	did (did no	of view the bad	y atter death.	20	DEGREE				2	2c. DATE	SIGNE	1
		Stu	1	. 7	1	4	ATTENDIN					2	121	67
1	-	27 WITT CIAN'S N	AME INTER	DEPERTO F	24	6	22e ADDRESS	N DIRECT	OR PHYSIC	IAN [-	2	7	7
5	1	X	4 T	to	orita	7	et.	soon	10	77	and y	3	07	20
IMPORTANT:	22 - 0	LIDIAL CREMATION	DEMONAL	- 1-	,,,	1 224 NIAME OF	CEMETERY OR CREMATO		OCATION	1	19.		7	7
		URIAL, CREMATION		23b. DATE		ZJC. NAME OF	CEWEIEKT OK CKEWAIC	730 L	CITY OR TOWN		COUN	VIY		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

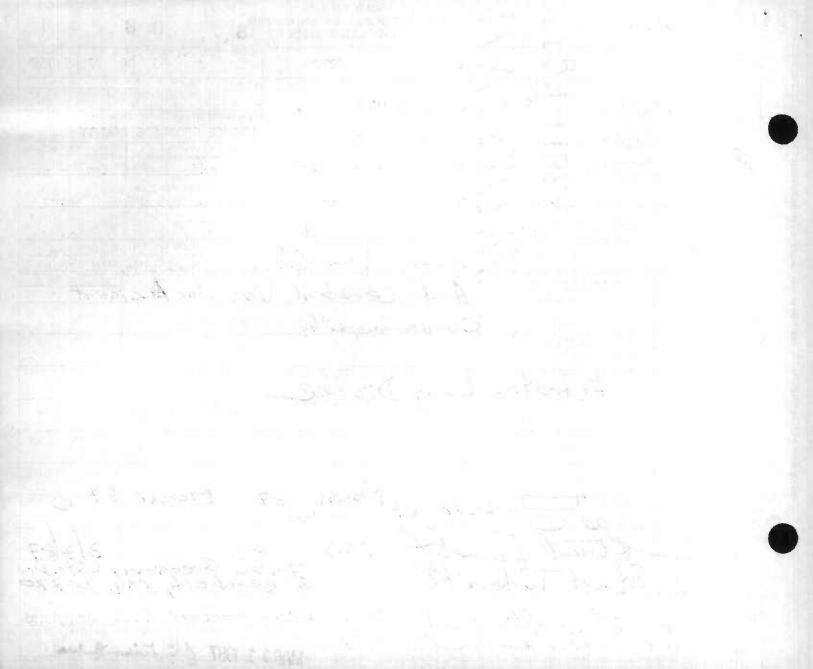
BP

Burial 03/09/87 Fort Lincoln Cemetery Brentwood P.G. Maryland

Francise Gasch's Sons Funeral Home, P.A.

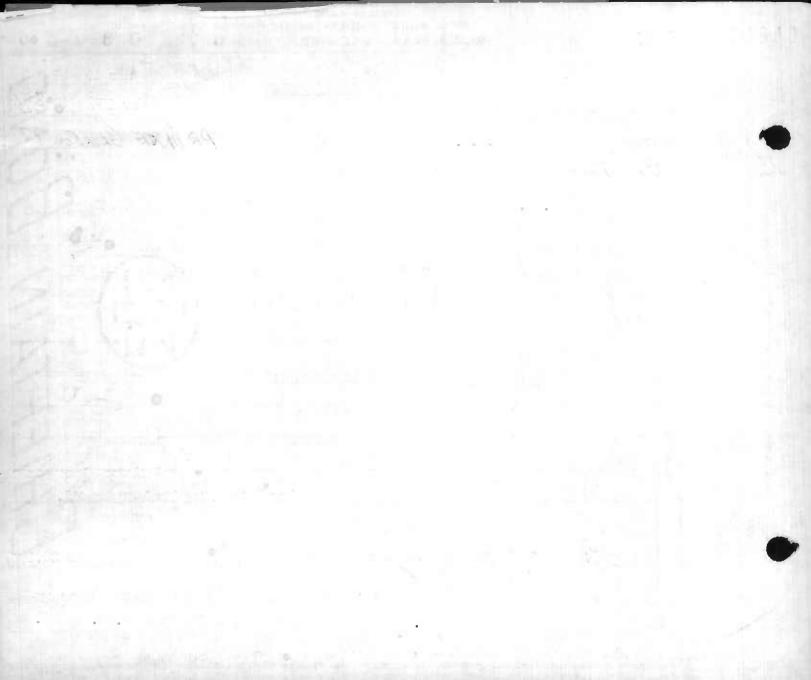
4739 Baltimore Avenue Hyatts File, Md. 20781

in Tichon Pondres





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DESTATE - UREGISTRAR DECEASED NAME TE DATE KNOWN IX MONTH TTYPE OR PRINTS ESTI-ELIZABETH BROWN DEATH MATED Mar 19 19 87 4 RACE IF LINDER T.YR IF UNDER 24 HRS DATE PRONOLINCEL 10 87 Mar 19 01/20/07 DEAD Female. Caucasian 80 76 CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Germany 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Southern Maryland Hospital Center OR INDUSTRY Homemaker Home NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d. INSIDE CITY LIMITS? 13a STREET ADDRESS P. G. Seat Pleasant 190 Date Leaf 20743 Maryland YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Puder Bronne Paul Minnie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. ADDForestville, Md 20747 579-32-6312 John Boertlein 2549 Oak Glen Way N/A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Hip fracture with complications DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X E 3 SHOULD BE L DEPARTMENT TO PRIOR TO BUS 718 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING TOP HOUR A.M. MONTH DAY YEAR ? P.M. 03 03 19 87 fel1 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 711 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK home Dateleaf Ave. Capitol Hots. Md 220. I certify that I took charge of the remains described above, held an Inspection Accident XX Homicide ... Undetermined monner TITLE (SPECIFY) Mar 20,1987 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct, Temple Hills, MD Mare. Seat Pleasant Burial 03/23/87 St. Matthews Cemetery 07/84 Lee Funeral Home, Inc. 25M 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR (VR A15 ME (5)6633 Old Alexander Ferry Ramclinton, Md 20735



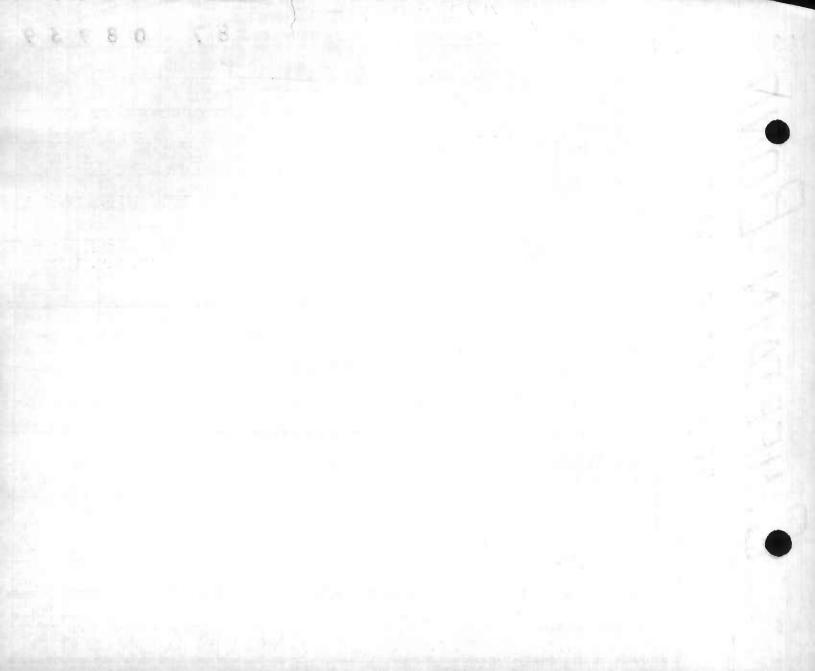
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) 26.81 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Male Black 24 62 BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED X WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR Art Dir 131818 Bunker Hill Rd. N.E. Washington 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Brown, Sr. Gillard James Estelle 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 1818 Bunker Hill Rd. N.E. 255-14-9841 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I DEATH WAS CAUSED BY mins Conditions, if ony, which gave rise to immediate couse los, stating the underlying couse lost IDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARY 1:0 YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (II (this hospital) attended the deceased from and that in (my) (ger) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did not) view the body atter death. 226. SIGNATUR DEGREE 22 DATE SIGNED ATTENDING PHYSICIAN . DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Harmony Memorial Pk Md STATE Landover, 3-30-87 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR HMH-16-50W-1780 John T. Rhines Co., 3015 12th St. N.E., D.C. 2001 (VRA 15.4)



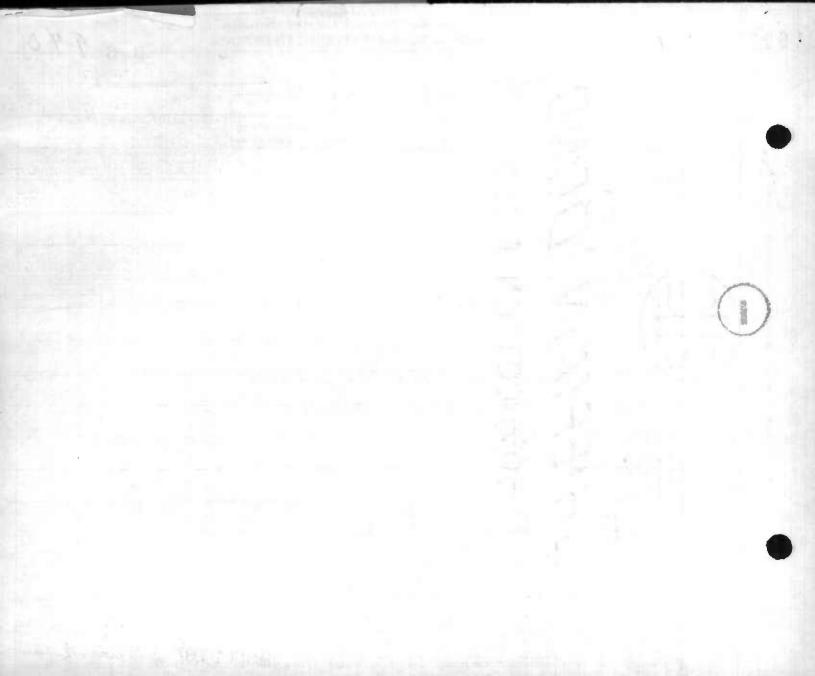
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH 26 HOUR O (TYPE OR PRINT) 128 LIDRED ROWN 4. RACE 3. SEX 5 DATE OF BIRTH & AGE LIN YEAR LAST BIRTHDAY MONTH April 23, 1904 Female White 82 O BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC WIDOWED X DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY LINTON Homemaker own home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 20748 136 COUNTY 13e STREET ADDRESS Temple Hills 2113 Jameson Street Maryland Pr George 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Benjamin Hoffman Elizabeth Berkley Mary A51812 Wilkins Drive 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 215-62-9826 Harry E. Brown Temple Hills, Md 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if ony, which gove rise to immediate couse la, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 2) (HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDI 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET FACTORY, OFFICE FARM ETC.) STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from -21 saw the deceased alive on____ and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATUR DEGREE NO should be deta ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION Burial 31Mar1987 Cedar Hill Cemetery Suitland Md BP. 250. DATE REC'D SX AFGISTRAR 156 REGISTRANS SEMANTIRE 24 FUNERAIROBETT E Wilhelm DHMH - 16 50M 1/81 (VRA 15, 4) Funeral Home Suitland, Md.

4/9

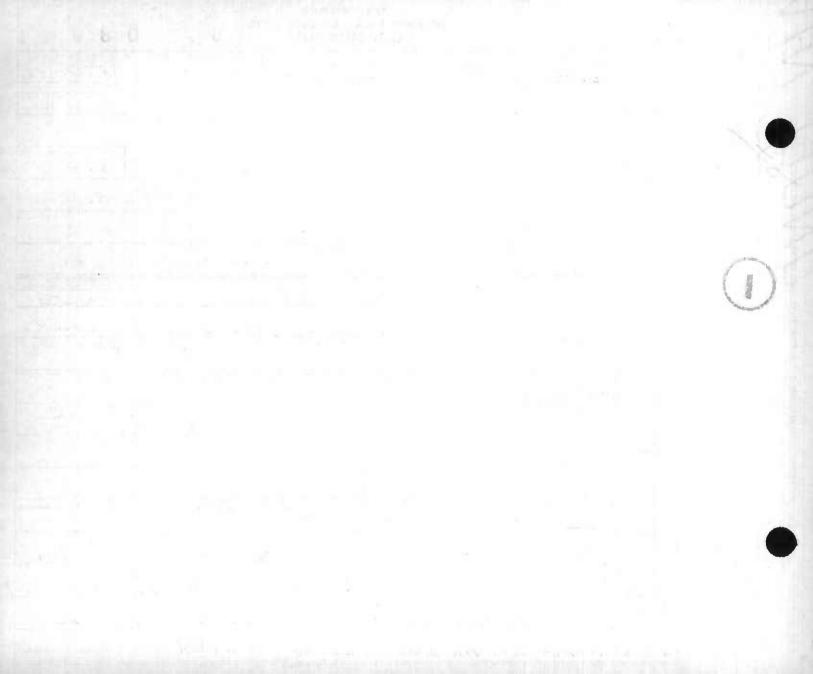
	7.4	181	200	2a., G-6		4/16/8	TO ADT	STA MENT OF		AND		VOIENE					
		1-	STATE Made	Pram.,	, Gl		DICAL	FYAMIN	ED'S		CATEO		7	. 0	2	0 3	0
4.95	APR -		REGISTRAR	FIRST		7716.6	WIDDLE	EXAMIN	EK 3	LAST	CAILO		DATE KNO	REG. NU	MONIH D	7 0	Pik WOUD
			OR PRINT)										OF E	STI		_	ZB FIOOK
	LEASE DURS SEET, REET	2 057				ICHARD	W.		BROWN				DEATH MA	VIED 13	-28-8		M
3	- 5 E S E S E S E S E S E S E S E S E S E	3. SEX		4 RACE	MON		YEAR	6. AGE (IN YE.		DER 1 YR.	IF UNDER		DATE	D "	NONTH D	AY YEAR	2d HOUR
	ON SOUR	MA	LE	NEGRO		PT. 12,			RS.				DEAD		-28-8	7 19	9:56F
	RAL RAL THIN Y		RTHPLACE (S	TATE OR	76. CI	TIZEN OF WH	AT COUN	ITRY?	8 MARRI	ED NE	VER MARRI	ED X 9. E	BALTIMORI	E CITY OR	COUNTYC	FDEATH	100000
	IS NECESSARY, PLEASE E-FUNERAL DIRECTOR. E-S. FOR YOUR FILES. ED. WITHIN 72 HOURS IV. THE STON STREET.	NE	W YORK	CITY	U.	S.A.			WIDOW		DIVORC		rince	Georg	e's C	ounty	MD
100	AY IS THE FILED.	10 CI	TY OR TOWN	OF DEATH		AME OF HOSE			, OR OTH	ER INSTITU	TION	120 USUAL	OCCUPATI OF WORKING	ON (TYPE OF	WORK 12h	KIND OF BU	
	ELAY IS TO THE PAGE BE FILED	SU	ITLAND			drews A			ase			CUSTO		LIPE)	NC	VA-DC	(1
5	O S O S O S	USUA 13a S	L RESIDENCE	(IF IN NURSING HOME	OR OTHER	INSTITUTION, GIV		OR TOWN	ON)	13d INSIDE CI	ITY FIMITS?	13e STREET	ADDRESS			alge	16,69
27	NA SERVE	VI	RGINIA	10000				XANDRI	A	YES X	NO 🗌			HEED E	BIVD.	APT.	201
9	Winds and	14. FA	THER'S NAME		WDO			1		15. MOTHE	R'S MAIDE						
38	\$8E9801	SYLVESTER BROWN LAST CHARLOTTE JOHNSON											LAST				
8	S S S S	16a V	AS DECEASE	DEVER IN U.S. AR	MED FC	DRCES?	16b. SO	IAL SECURIT	Y NO.	17. INFORA	MANT (N	other)	230 ^A	OSbor	n St.	, # 5-	-F
AET	A PAGE OF STREET	Y.	ES	1979-	198	3	064-	56-791	8	CHARL		BROWN				11212	
100	WHY DIV		TB CAUSE O	F DEATH (Enter on	ly one o	ause per line	for (a), (b	, and (c).)								APPROXIMATE	INTERVAL
in Z	D S S S S S S S S S S S S S S S S S S S		PARTIDE	ATH WAS CAUSE	D BY:	SE (a)	Cardi	omvopa	thy							SETWEEN ONSE	ANDBEATH
0	4EGRES		3/10/2	INVICEDIA		DUE TO, OR				1	-						
-	ER SE			ns, if any, which													
×.	NIA NIA			se to immediate stating the under-	-	(b) DUE TO, OR	AS A CON	ISEQUENCE (DE.								
201	N A A		lying cau	se last.	-												
	SECOND SE	- 1	DART 2 OTHER CL	CHIEFFANT CONDITIONS	CONTRIBI	ETING TO OCATH B	UT NOT BEL	TEO TO THE TERM	INAL DISTAS	OB CONOUTING	U CIMEN IN DA						
RECORDS	HOULD BE EXECUTED WITHIN S RD "PENDING" IN PENCIL IN HIEF MEDICAL EXAMINER AL USED AS A BURIAL - TRANSIT PO ELEALTH AND MENTAL HY RIAL CREMATION, OR REMON	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)														
	- GEAREN	CERTIFICATION	190 DATE OF	OPERATION		196. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				12	0 AUTOPSY	
DIVISION OF VITAL	SHOULD ORD "PEI CHIEF A IF USED A	5													1		
2	WE SE	ER	21a. EXTERNA	L CAUSE WAS		21b. TIME OF	INJURY		121r. HC	W IN IURY	OCCURRE	D LENTER NATU	RE OF BUILDRY	IN ITEM 18 PAR	I OR PART 2)	YES 💢	NO 🗆
0	CERTIFICATE WED TO THE WAS THE WAS TO THE WAS THE WAS TO THE WAS THE WAS TO THE WAS THE WAS TO THE WAS TH		UNDERLYING			HOUR A.M.		DAY YEAR			OCCOMIC	(in them to the	TON CANTES		
OS OS	SHO TO	MEDICAL	21d INJURY	NG CAUSE OF	DEATH	P.M. 21e PLACE C	FINILIPY	19	215 10	CATION							
ž.	CE SET IN CE	ME	WHILE		7	STREET, FACTO				TREET		Cf	TY OR TOWN		COUNTY		STATE
	LEAM NER. THIS CERTIFICATE SHOULD CENTIFICATE, WRITING THE WORD. "PEOUR BE FORWARDED TO THE CHIEF M. DIRECTOR: PAGE 3 SHOULD BE USED A. WITH THE STATE DEPARTMENT OF LEAM OF THE CHARLES O		AT WORK	AT WORK													
	NO.	1	22a I certi	fy that I taak charg	ge of the	e remains desc	ribed abo	ve, held an	Autap	X,	Inspection	· [].	nquiry	and in	n my apınia	n	
	ME BELL		death result	ed fram: Natu	ral caus	es X.	Accident	☐, Su	icide	, Hamic	ide	Undeterm	ned manne	er .			
	AN MARKET		ACTUAL	NI	- <u>-</u>	1	c 1/	0		TITLE (S							
	NESSER -		SIGNATURE.	HOU	M	e UK	eda	VIII-	M	D As	sista	nt _{MEDICA}	LEXAMINE	R	DATE SIGNED_	3-29-	87
	ECUTE THE CALLE OF A SHOULD SH	1	EXAMINER'S	NAME	1												
	PATER TO THE		(TYPE OR PRI	VT)		garita					11		Stre	et			
0/1/	TENERA S	230.Bl	JRIAL, CREMA	TION, REMOVAL				NAME OF CE			ORY	23d LOCA	TION		COUNTY	ST	ATE
199	BP 754		BURIAL			3/87	0	UANTIC	TAN C			TRIAN		PRINC			INIA
1 *sw.	DHMH - 17	24 Ft		TOR MORRO				INC.		123	250. DATE	EC'D. BY RE	SISTRAR 2	Sh REGISTR	AR'S SIGN	ATURE	3
	(VR A15 ME (5))	16.	22 11TE	. ST., NW	WZ	ASH., I). C.	20001			1,11.1	, ,	401	-	-	-	

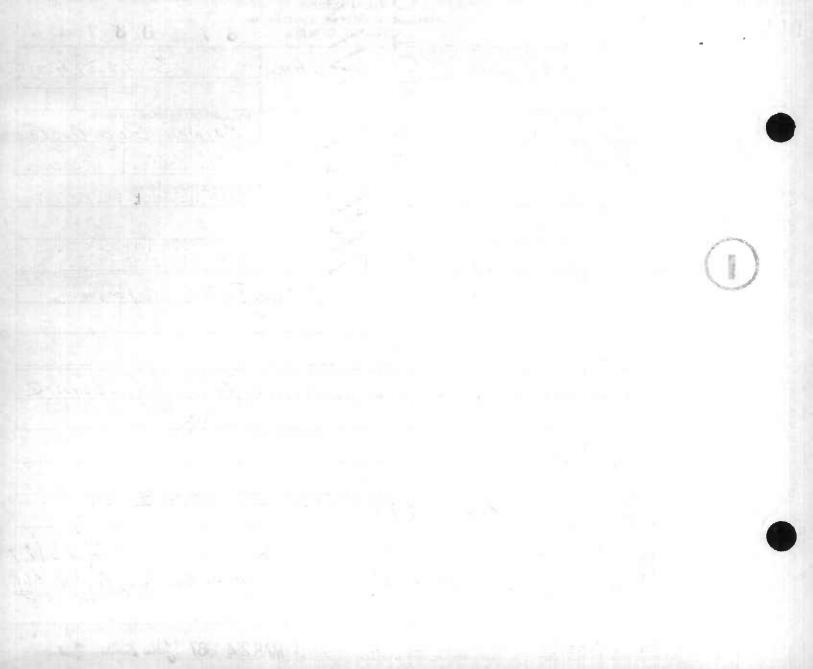


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST DATE KNOWN (TYPE OR PRINT) ARTHUR RUSSELL DEATH MATED BRYANT 3-4-8719 4. RACE SEX 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) PRONOUNCED August 13, 1945 Male White 41 VRS DEAD 3-4-87 19 11:43 To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Florida U.S.A. WIDOWED [DIVORCED X Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Sheet Metal Worker Pittoon Corp. Cheverly Prince George's Co. Hospital Prince George's College Park Maryland 9112 Baltimore Avenue #5 13d INSIDE CITY LIMITS? 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Arthur David Bryant Dorothy Robinson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT (Mother) 41000RB3rd Place, #2 Yes, NO, OR UNKNOWN) Vietnam 213-44-6171 Dorothy Bryant Bladensburg, Maryland 20710 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arterioscelrotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO T 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes X Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3-5-87 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT 23g. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 03/09/87 Buria1 Maryland Veterans Cem. Cheltenham P.G. Maryland 07/84 25M Francisk Gasch's Sons Funeral Home. P.A. 258. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Julia, Devidery - Landons 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A1S ME (S))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPE IF UNDER 24 HRS DAY YEAR 924 To BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Md. WIDOWED DIVORCED T Prince George's 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Md. Laurel-Beltsville Ho Laborer Laurel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY P.G 13a STATE Beltsville 13° STREET ADDRESS / ZIP CODE 8203 Muirkirk Rd. 20705 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Gertrude Warner Burley Harry **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-20-118 Lillian Dodson-Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: MADIONES BUS Mous nimoto IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG IFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMENT 28a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON Hygier YES | NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STREET STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from Manual 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 22d. PHYSICIAN'S NAME 22e ADDRESS 0 236 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE 2 QUEENS CHAPEL U. METHICH. BP. BELTSVICE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 . WINSHINGTON + SONS 4925 BURROUGHE AVE N. 5 (VRA 15, 4)





Void Death Certificate #87-08943



STATE	OF MARYLA	NE						

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

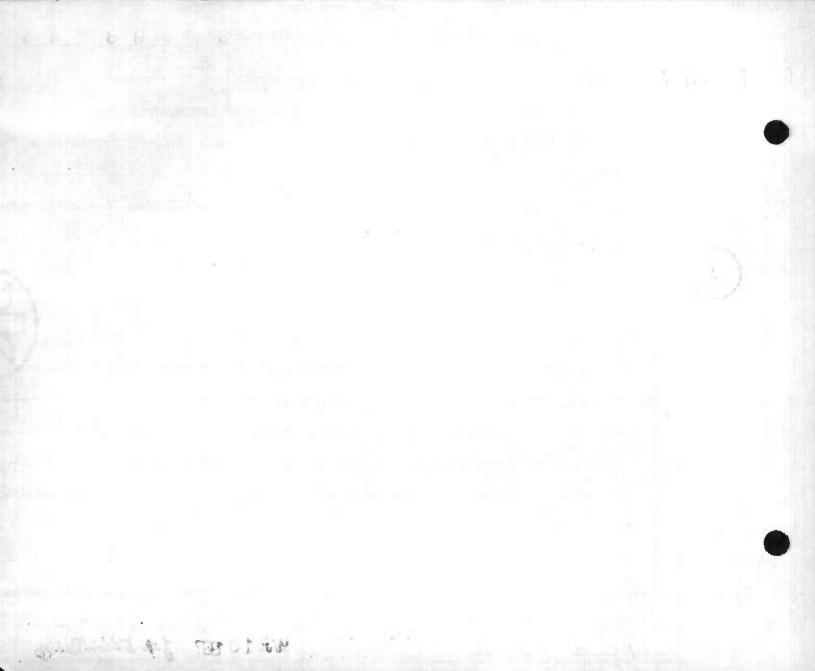
18	1.	STATE REGISTRAR		0 8 9	4 6							
		OR PRINT) DER NI	ARDR. E		AST		20. DATE OF DEATH	MONTH 3	15 87	8 24 A M		
	3. SEX	m	4 RACE BLACK		5 DATE C			AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
-		RTHPLACE (STATE ORFOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8		- 0	BATIMORE CITY OF		Y OF DEATH	ev.	
2		RYLAND	UNITED S	DIN DIVORCE	PRINCE (FEON	eges (bUNTYMD.				
0		LINTON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) SHEET METAD MECH. GOVERNMENT				
35	130 S MA	RYLAND PRIN	VTY 136	ERESIDENCE BEFORE CITY OR TOWN FORT WAS	N	134 INSIDE CITY LIM		36. SIREET ADDRESS / 2802 KINGS	ZIP COD	ROAD/ 20)744	
3)	SPEARMAN	WIDDLE	ANNIE	ENNAM	MIDDLE		TEMPLEMÎ	ÄN			
1	16a W	VAS DECEASED EVER IN U.S. AR EES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	215–36–4		Beatrice I	Butle	2802 Kir er Fort Was	ss igswa shing			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	11. 1	MATE INTERVAL ONSET AND DEATH								
- 1	E1											
- 1		Conditions, if ony, which gove rise to immediate										
		cause (a), stating the underlying cause last										
	NOI	PART 2 OTHER SIGNIFICANT	ANCY +	9	DEATH BUT	EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
7	TIFICAT	196 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		20a AUTOPSY?	ES, WERE FINDIN IFYING CAUSES YES []			
7	TAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALM .	MONTH DA	AY YEAR	21c. HOW INJURY C	C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
	MEDIC	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA	211 LOCATION			CITY OR TO	COUNTY	COUNTY STATE		
	Ė	22a.1 certify that (1) (this haspi sow the deceased alive on above, (1) (we) (did) (did no	3/	14 198	7 , or	, 19_ nd that in (my) (our) o	83 opinion de	to	ote and ha	, 1987, our and from the	that (I) (we) lost causes stated	
		27b SIGNATURE	Wiew the body diffe	er dedin.	M	DEGREE ATTEND PHYSIC	DEGREE ATTENDING MEDICAL STAFF 220 DATE SIGNED 7 15 16 7					
1		22d PHYSICIAN'S NAME (TYPE OF	11 -	ZEV		8926 Le	Joen	VARID R	d	Churon	MIT	
	23a B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION		110.0010		
		BURIAL	3-19-8	37 F	HOLY (HOST	ISSUE	ISSUE CHARLES MD.				
4	24. FU	INERAL DIRECTOR		ADDRESS		2	MAD	20 BY REGISTRAR	h R GIS	S AR SIGNA	TP ALL	
	T	HORNTON FUNERAL	LHOME		POMON	KEY, MD.	Man of	20 001	,			

DHMH - 16 60M 7/84 (VRA 15, 4)



198 20 St. Mar. 198 00 84W

-		1	Thom !!	115 0000	1/00/07			MARYLAND					
3		1-	FOR Item #	15 G626				H AND MENTAL		-	A	. 3	-1
			REGISTRAR CEASED NAME	FIRST	WE	MIDDLE	KAMINEK'S	CERTIFICATE		REG. NO	8 7	4	Ç
			E OR PRINT)						OF	ESTI-	ONTH DAY	YEAR	26. HOUR
4658	CTOR. GTOR. FILES.	07		Anna		Lise	_	qmp			- ,	1987	M
1000	PLEA RECTO RECTO STREE	3/ 9E)	4. R.		DATE OF BIRTH	YEAR 6.	LAST BIRTHDAY) MON	NDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MIN PRONOUN		NIH DAY	YEAR	2:40
	N SZOCIA	12		nite		1966	20 YRS.		DEAD		3/ 7/	1987	Рм
	SES ES	7a. BI	RTHPLACE (STATE O	DR 76	CITIZEN OF W	HAT COUNTR	Y? 8 MARI	RIED NEVERMAR	RIED 2 9. BALTIM	ORE CITY OR CO	UNTY OF E	DEATH	
	AY IS NECESSARY, PLANERAL DIRECTION FOR AGE 5 FOR YOUR FAILED, WITHIN 72 HOUSE SO WINDERSTON STILL			gton, DC	US.		WIDO	WED DIVOR	CED Prin	nce Geor	ges Co	ounty	MD
40/416	PAGE 5.	10. CI	TY OR TOWN OF E	DEATH 11	I NAME OF HOS		ING HOME, OR OT	HER INSTITUTION	12a USUAL OCCUP	ATION (TYPE OF W	ORK 126 KIN	ND OF BUS R INDUSTR'	INESS
	PE PA PE	1	Riverda	le			al Hospita	al	Student			v. of	
6	AND STORY		AL RESIDENCE (IF IN	NURSING HOME OR O	THER INSTITUTION, G	13c. CITY O		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	c			
212	A PERSONAL PROPERTY OF THE PRO		ryland	Montgo	mery	Silve	r Spring	YES NO		nloch Ro	ad	209	03
, g	AL 3.	19 E/	ATHER'S NAME		AIDDLE	LAS		15. MOTHER'S MAIL	DEN NAME	DDLE		1457	
, E	SE SE	V	Walter		MIDDLE		np, Jr.	Zora	MI	DOLE	-Ku	kk- Kul	KIC
WO	A A A A A A	16a. Y	VAS DECEASED EV	ER IN U.S. ARMEI	D FORCES?		L SECURITY NO.	17. INFORMANT		ADDRESS			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	HA HAS		N/A	N/A	R OR DATES)	213-5	6-9399	Walter Ca	mp, Jrfa	ther-(sa	me as	13e)	
	3 × 1			EATH (Enter only o		far (o), (b), a	and (c).)				BETY	PPROXIMATE I	INTERVAL AND DEATH
N S	I SO S Z	5.	PARTIDEATH	IMMEDIATE C			Multi	ole Injurie	25				
STC	AZ N IN I				DUE TO, OR	AS A CONSE	OUENCE OF						
94	WITHIN 2 FENCIL IN II MINER ALL TRANSIT F ENTAL HYG OR REMOV			if any, which to immediate	(b)					D 00			
*	N PENC XAMIN XAMIN AL-1R N, OR			ting the under-	DUE TO, OR	AS A CONSE	QUENCE OF						
20	EXAMENTED WEIGHT		lynig cabse ic	131.	(c)								
RDS	APERGE	199	PART 2 OTNER SIGNIFIC	CANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATES	TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART 1 (a).				
0	HOULD BE ENDING PENDING PENDIN	CERTIFICATION		P. Carlon						A 198			
=	45. 下出エニー	7	19a. DATE OF OPE	ERATION	196. CONDI	TION FOR WI	HICH OPERATION V	VAS PERFORMED?	- Trond Salara		20 A	AUTOPSY?	
1	WORD "I WORD "I WORD "I BE USE ENT OF H	E)	YES T	NO 🗌
P. 0	A HE WENT THE WAR		210 EXTERNAL CA	AUSE WAS	11b. TIME OF	FINJURY	AY YEAR 216 H	IOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)		
O	SE COSES)	3	CONTRIBUTING	XOR □ CAUSE OF DEA	ATH ? P.M	3/ 7/	/ 1987 SI	ubject pred	cipitated i	From dor	mitor	y win	dow
VISI	3 SF	MEDICAL	71d INJURY OCC	URRED		OF INJURY	(AT HOME, 21f LC	STREET	CITY OR TOW		COUNTY		STATE
ā	NER: THIS CERT CATE, WRITING FORWARDED 1 TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRI	2	WHILE AT WORK	T WORK	-	ormito			all, Univ.			ege Pi	k. Md
	RE TI			at I tool A Jan &	Internation		- 1	osy X, Inspecti			ny opinion		
	L EXAMINER: E CERTIFICATE DULD BE FORV L DIRECTOR: H, WITH THE S MARYLAND,		death resulted fr	/1//	1 00	Acolden	Suicide K		Undetermined mo	[]	y opinian		
	CERTII OILD B DIREC WARY			/////	11.	KNA	, sounde 2	TITLE (SPECIFY)	Oligetelining ino				
	W S S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE	Mel	1. /	VIL	-	,	AL MEDICAL EXAM	D D	ATE GNED	3/8/8	7
	SET SE	1				1			MEDICAL EXAM	IIAEK SI	GNED	37 07.0	
	SHE SHE		(TYPE OR PRINT)	^{AE} Cha	rles P.	Kokes	. M.D.	ADDRESS 1	ll Penn St				
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO AFTER DEATH, WITH THE BACTIMORE, MARYLAY	23a B	URIAL, CREMATION				ME OF CEMETERY		23d LOCATION		COUNTY	STA	77
07/84	BP	(3	Burial	3-	10-1987	Geo	orge Wash	ington	Ade 1phi	Pr. G	eorge		
25M	DHMH - 17	24. FI	UNERAL DIRECTOR	}	ADDRESS		N.H. Ave.	25a. DATE	REC'D. BY REGISTRA		R'S SIGNAT	URE	Sel
	(VR A15 ME (5))	Hi		di Funer			er Spring		₹101987	July 15	elder.	British	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH C REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-M. N 72 HOURS TON STREET, DEATH MATED DATE OF BIRTH 3 SEX & AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD YRS BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X DIVORCED FILED, 126 KIND OF BUSINESS OR INDUSTRY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK Housewike 20782 13a STATE 3d INSIDE CITY LIMITS? 13e STREET ADDRESS NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAM MIDDLE MIDDLE Edward Anderson Maude Haley 17 INFORMANT 14a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRES3711 Son Prado Place (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATEST No Fairfax. Va. 22032 577-40-5340 Campbell CAUSE OF DEATH (Enter only one cause per line for (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION FORWARDED TO THE CHIEF N OR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA IND, 21201 PRIOR TO BENSAL, C OF HEA 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO PS 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection D 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Notural couses death resulted from: Accident Suicide L Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER Rogers. ADDRES 1919 Seminary Road Silver Spring. TYPE OF PRINT) 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Mar. 19, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md BP 07/84 25M Francis J. Callins. Jr. **DHMH** - 17 500 University Blud. W. Silver Spring. (VR A15 ME (5))

3. A25 nh/10nh

3 10 20

this Seminary Cond Li was Sering Md.

P. Dillera Brief

A to several a stat

Burish lun, is the column one of the Silver Suring Venturance of the Silver Suring Venturance of the Column of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Garle. IF UND R IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE ISTATE OR BALTIMORE CITY OR COUNTY OREIGN COUNTRY) MISSOUR WIDOWED T 120 USUAL OCCUPATION (TYPE OF WORK HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 13n STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? ROOKS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FRED CARRINGTON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (YES, NO. ORPUNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse of line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK WHILE CITY OR TOWN COUNTY 220 I certify that I took charge of the remain described above, held an Autopsy Inspection and in my opinion death resulted from Notural causes Accident Homicide Undetermined manner PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY TITLE (SPECIFY) Deputy MEDICAL EXAMINER TYPE OR PRINT) AfiguSto 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE CENETERY BP 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR **DHMH** - 17 (VR A15 ME (5))

Earle Total Commission 27-4-7-87 The term of the state of the st THE SHE SHEET STATE STATE STATE STATE STATE STATES ERES D CALLBARY RIE R FINELE र्वा प्रकार के मूर्त के कार्य के स्वार के प्रकार महिल्ला के Charles the hours to deal man files of the the state of the s 1/4-1/2 a graph contract of the true of the true of the true Johan Come Mars, altalia, 27 Carm Eller al

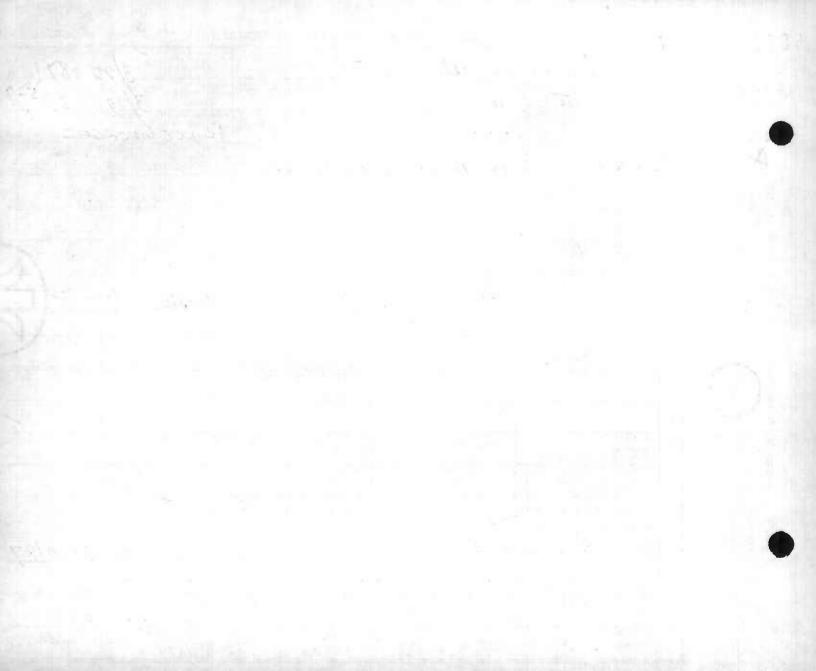
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO CARROLL DECEASED NAME 20. DATE OF DEATH 26 HOUR NORMAN TYPE OR PRINTS A. 03-26-87 7 : 40AM 3. SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF LINGER 24 HRS April 25, 1921 Male Caucasian 65 7a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED PRINCE GEORGE'S COUNTY U.S.A. Washington DC 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Painter CHEVERLY Construction Prince Geo. Bladensburg 13e.STREET ADDRESS / ZIP CODE Maryland 5461 Madison Way, #4 20784 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bernard MIDOLE MIODLE Carroll Dora Roth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WW-DWAR OR DATES IYES, NO OR UNKNOWNI Yes 579-10-0208 Sarah M. Carroll, Same as Line #13 18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS PRONSEQUENT Conditions, if ony, which gove rise to immediate cause (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART IT 206 IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOX NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3-31-87 Md. Veterans Cemetery Cheltenham, P.G., Md. 14FRANGISOGASCH'S SONS FUNERAL HOME, P. AZSI DATE REC'D BY BEGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 4739 Baltimore Ave., Hyattsville, Maryland (VRA 15, 4)

STATE OF MARYLAND

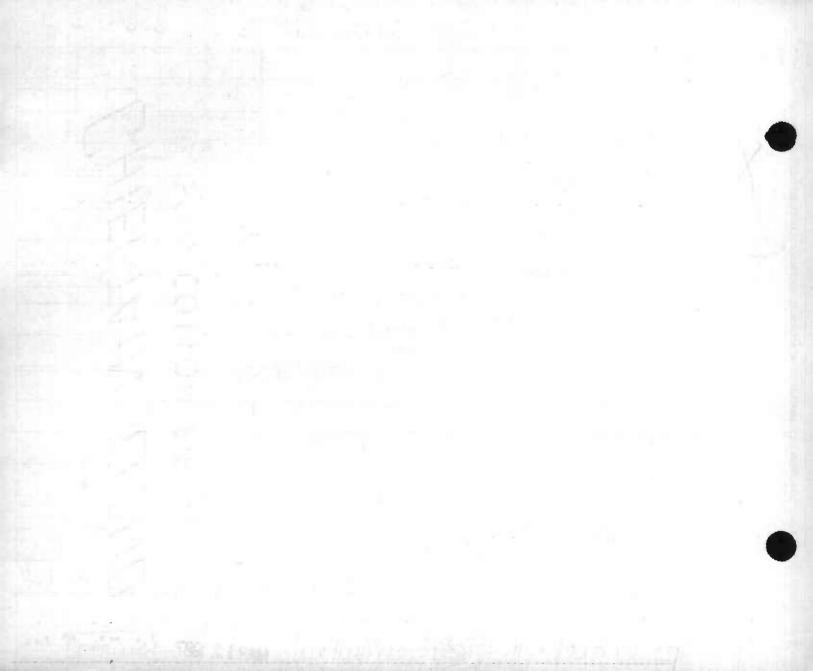
4/9

137. Eg

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME TO DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED larence 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) 50 PRONOUNCED 9 BALTIMORE CITY MARRIED X NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH Offset Pressman Peoples Drug 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 20735 Prince George 8600 Mike Shapiro Dr. Clinton 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Barnes Laura Lee Ballard W. Carter Carolyn Carter Vienna, Virginia #T-4 166 SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 578-40-0841 18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY arteus selevatio Cardinascular de Conditions, if onv. which gove rise to immediate 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO P 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 711 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Notural couses Accident Suicide Homicide Undetermined monner DESMEN Augusto P. Rodriguez, M.D. 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery 23d LOCATION Burial 3/23/87 Suitland P.G. Maryland 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6160 Oxon Hill Rd. Home Oxon Hill, Md. DHMH - 17 George P. Kalas Funeral Home (VR A15 ME (5))

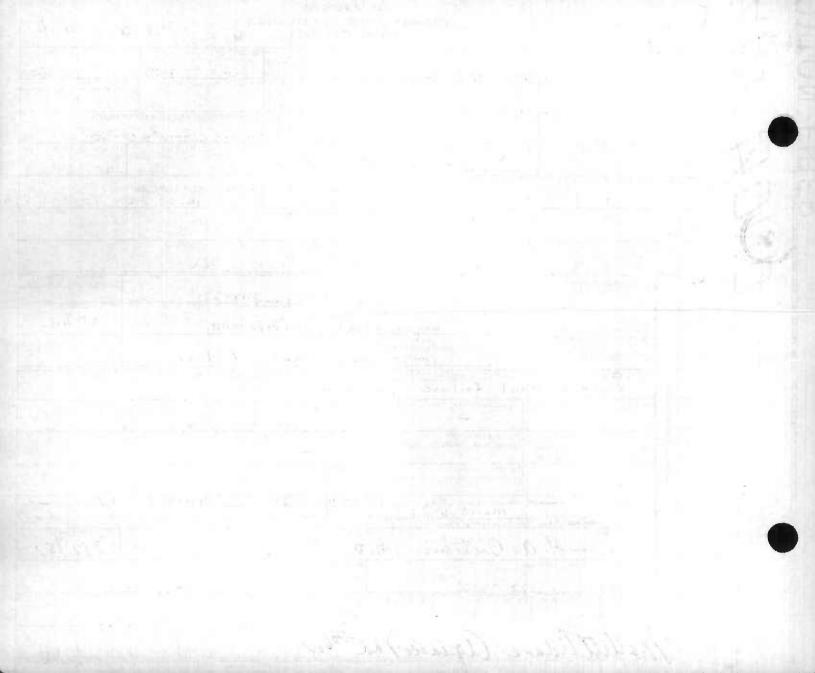


				STATE OF MARYLAND)				
	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		S / REG. NO	0 8	9:	5 0
4.7088 NAR 13	1. DECEASED NAME	FIRST M	IDDLE	LAST	20.	DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
ge 3	(THE CATALIST)	VINCENT	CENT N. CASCIO				3 06	87	5:15 M
clor, po	3. SEX Male	*RACE white		5. DATE OF BIRTH 8º131-1926	YEAR 6. A	GE (IN YEARS LAST BIRTH	MONT YRS	HS DAYS	IF UNDER 24 HRS
2 43	To BIRTHPLACE (STATE ORF	OREIGN 76. CITIZEN OF V	VHAT COUNTRY?	8 (%)	9 E	ALTIMORE CITY OF		DEATH	
1 35 /22	Chio	United	States	MARRIED NEVER MAR	RED TO PR	INCE GEO	RCES	COUNT	ГУ мр
· W. 82	CLINTON	TH 11. NAME OF H		G HOME OR OTHER INSTITU	ITION 120	USUAL OCCUPATION	N I	2b. KIND O	F BUSINESS OR
AND 212	JOUAL RESIDENCE (IF NURS)	NG HOME OR OTHER INSTITUTION OF THE PROPERTY O	Beltsvil	N 13d. INSIDE CITY	LIMITS? 13e	street address / 1408 India	zip code go Dr.	2070	5
1 // (D)	14. FATHER'S NAME FIRST Santo	Cascio	LAST	15. MOTHER'S MA FIRST Maria	T ~	ino,		LAS	ı
W 0 0 7	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECU					Ç 11	
BALTIMORE Be even icin ond	VC5	wwI	215-20-4	175 Wife) (*tixnxex*)	11408	Indigo	Dr. B	eltsville
orn, that the identification is precise by the attending in please remove corbin human. Committee, or re-ry, or other trauminatic erry.		which (b) (b) (b) (c) (c)	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I	tion) THE TERMINA	l Disease or cond	ITION GIVEN	IN PART 10	2'
DIVISION OF VITAL RECORDS, 201 Olderlang physician requires the observation physician bases signed by the top of drawn special from please the and Meetal hygues prior to be made of the metal of the perior to be made of the metal of the perior to be metalling on the drawn of the metalling of the perior to be made of the metalling of the perior to be made of the metalling of the perior to be made of the metalling of the metallin	190 DATE OF OPERAT	ION 196 CONDIT	TION FOR WHICH	OPERATION WAS PERFORM		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	NGS USED OF DEATH? NO
ON OF VITA ON OF VITA ON OF VITA On of VITA Mental Pyg	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEATH CALEXAMINER) P.A P.A 21e. PLACE C	A. MONTH DA	19 21f LOCATION	RY OCCURRED	(ENTER NATURE OF INJUR		OR PART 2)	
DIVISI	AT WORK AT WOR	ILE	et, FACTORY, OFFICE, F	ARM, ETC) STREET	10	CITY OR TOW	. 19_		that (1) (we) last
AL OR ATTEN the hospital AL DIRECTOR Miniched for under The Member of the	22b. SIGNATURE	of alive on 3/5/8 and (died not) view the backy	A	DEGREE ATTE	ENDING _ M	h occurred an the da	te and haur an	d fram the	causes stated
O FUNES O FUNES O FUNES OF FUNES OF FUNES	22d PHYSICUALS NO	1/1	2	9/3/ (44	estan	Day Re	10	20	mod
E	230 BURIAL, CREMATION,	REMOVAL 23b. DATE	23€ 1	AME OF CEMETERY OR CREA	MATORY	23d LOCATION CITY OR TOWN	v.c	ounty	STATE
BP	Burial	B-10-87	Md	, Vet. Cemeter		Chelten	ham F	G.	MD.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	145 480	MS	Mengrat	950. DATE RE	C'D. BY REGISTRAR 2		COLCUTA	Pandalli

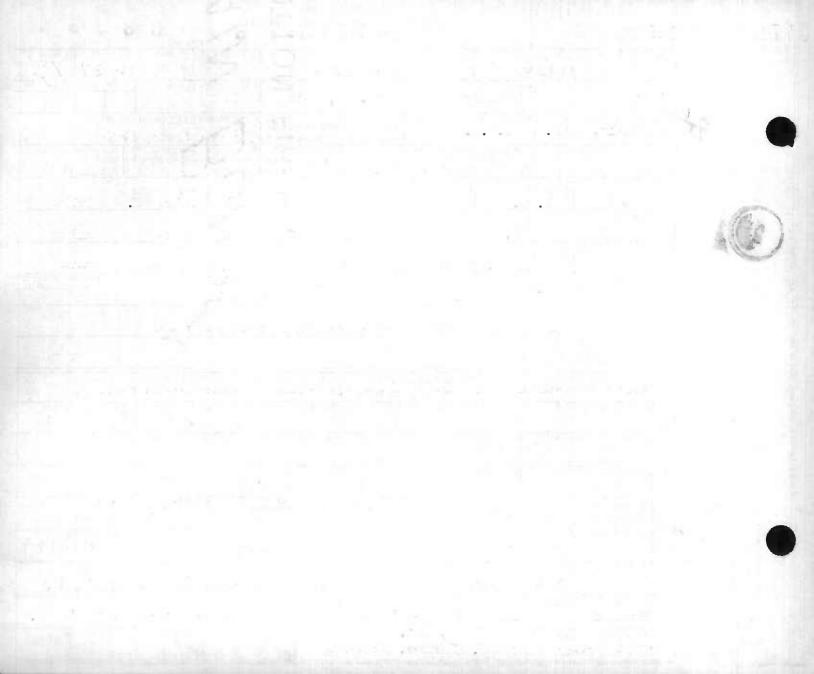


Sembland . diff Et modi ou casa plictor tonil offic - -The state of the s

The latter to the second of th evint simile also also and a fair at a cleanest and a second as A. Till , become, the state of the same of the state of



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 2a DATE OF DEATH 26 HOUR TYPE OR PRINTE MARY 8 HURCH 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female. Caucasian Acct. 1904 1912 74 To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Rockville, Conn. U.S.A. WIDOWED LINCE GEORGES DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NQT, IN SUCH FACILITY, GIVE STREET ADORESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY LINTOL RULAND Nurse Medical USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Clinton Marvland P. G. YES X 6207 Woodlev Rd. 20735 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Frederick Mahr Catherine Dailev Elizabeth IN WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT 1952 215-38-7175 Mary Catherine Church (Same as 13 A-E Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ACUTE MYOCARDIAL INFARCTION Canditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CEREBROVASCULAR ACCIDENT CERTIFICATION DIABETES MELLITUS, RESPIRATORY FAILURE 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NOF 7 In ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M. 19 216 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED allm ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto MPORTANT 274 PHYSICIAN'S NAME (TYPE OF PRINTS 22e ADDRESS NACHNAUI 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Cremation 03/23/87 Lee's Crematory Clinton Prince George's Md. 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH : 16 60M 7/84 Old Alexander Ferry Rd. Clinton. Md 20735 (VRA 15, 4) 6631



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20 DATE KNOWN 1/DECEASED NAME DAY (TYPE OR PRINT) ESTI-HOURS STREET, DEATH MATED 3 SEX 4 RACE DATE OF BIRTH F UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD a BIRTHPLACE BALTIMORE CITY OR COUNTY NEVER MARRIED FOREIGN COUNTRY) U.S.A. W.VA. DIVORCED 126. KIND OF BUSINESS OR INDUSTRY ID CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFFT ISUAL RESIDENCE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE DAVIS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 4711 HOWARD AVE. PATRICIA ANGLIN 232-42-6597 BELTSVILLE MD. 20705 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the underlying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 AGE 3 SH 21e PLACE OF INJURY LATHOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PY AFTER DEATH, WITH THE STINGORE, MARYLAND, 2 27a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion Notural couses death resulted fram: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY ACTUAL SIGNATURE DIRE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 3/16/87 MASONIC SHINNSTON BURIAL HARRISON W.VA. BP 07/84 25M 4 FUNERAL DIRECTOR **DHMH - 17** SHINNSTON W.VA. 26431 (VR A15 ME (5)) PAUL F. DORSEY

20 0 240

Call ta

1 - Was 11 - Tys

COTOS o las en moras en van avena a Managemana

V-1-2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) James Jr. page r deat R. Clarke March 26, 1987 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH 5 YEAR MATE BLACK 61 25 TO BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED MARYLAND U.S.A. Prince Georges County DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LAUREL Salesman Greater Laurel Beltsville Hospital Shoe Sales USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? MARYLAND P.G. LAUREL 347 Dameron S NO X 20707 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME JAMES ANNA CLARKE Sr TYLER M 17. INFORMANT Glen Burn A BREMaryland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 114F Warwickshire Lane 219 84 8515 ANNA CLARKE 18 CAUSE OF DEATH (Enter only one couse per line for [a], (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (p) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting DUE TO, OR AS A CONSTQUENCE OF eforesdous underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES NO F Hygu 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceosed alive on 5.26 - obove, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED a ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN be St wild b MPORT 20707 Shoul 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION 3/27/87 Catonsville Balto Westview Cemetery Md.

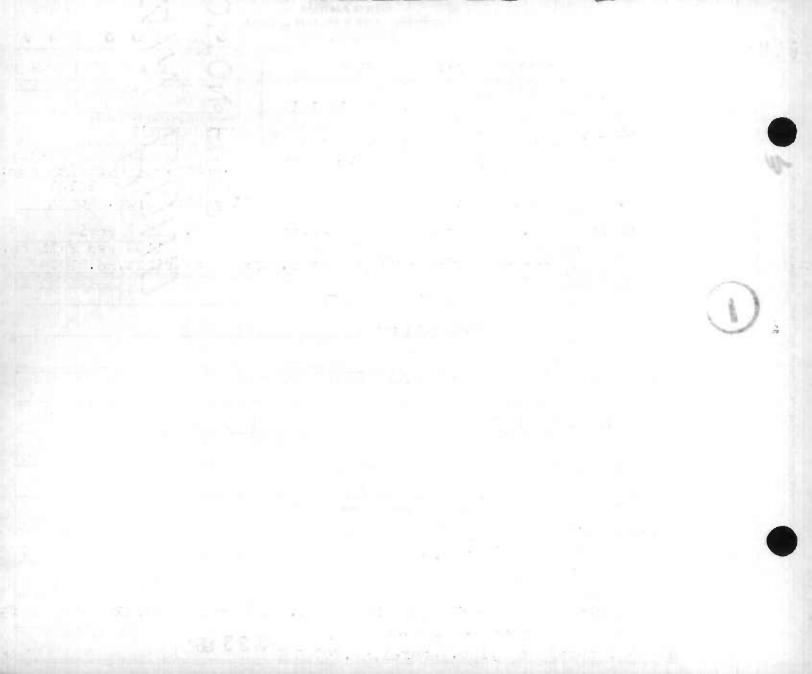
24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

(VRA 15, 4)

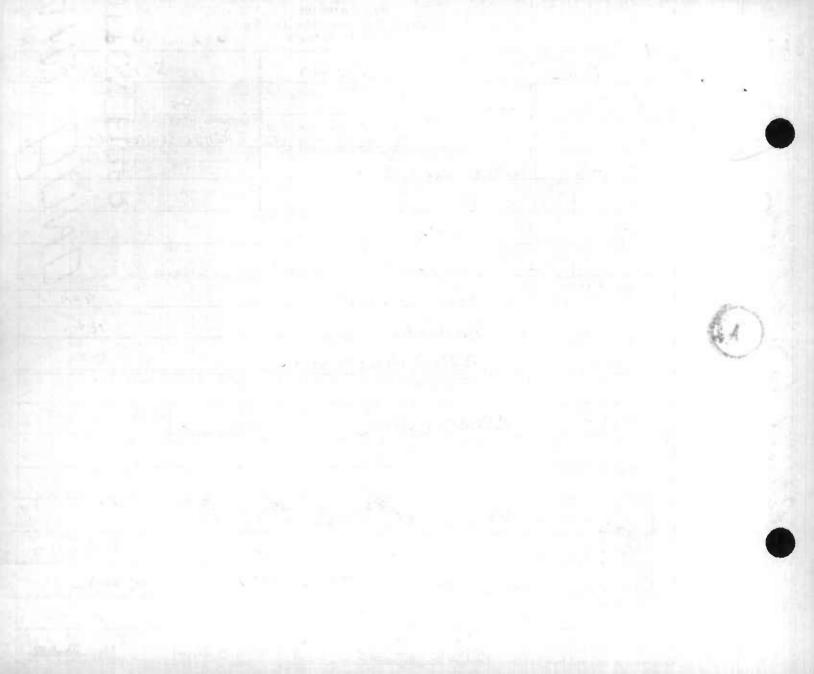
Raymnod C. Fink Glen Burnie, Md. 21061

See a state of the see at the see ser since the series of the se The same and the s described to the state of THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PARTY

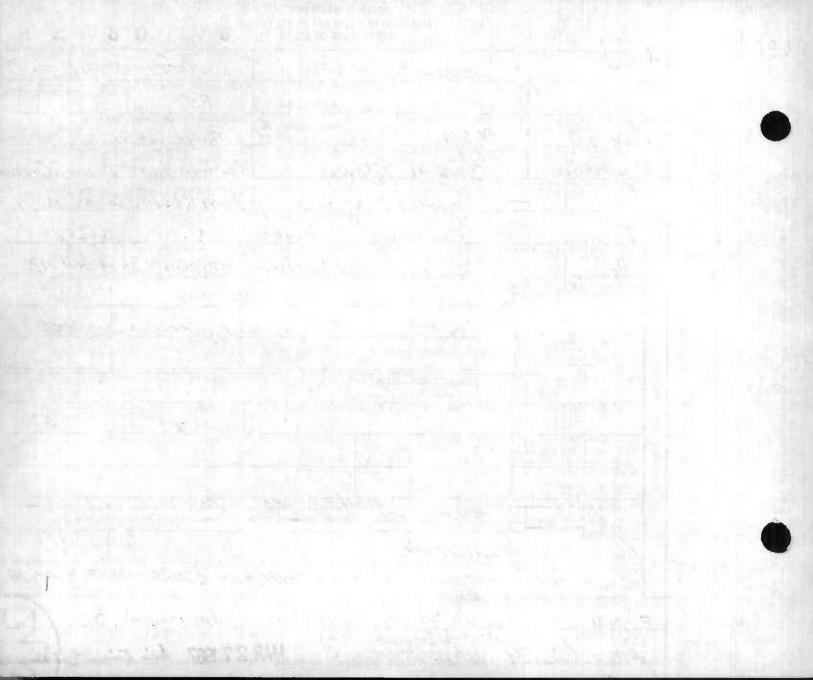
1 1. 5	2 2 5 7 HA	R 2	FOR - STATE REGISTRAR		DEPARTM	STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGH	ENE S REG. NO	0	8 9	5/
) 4 (ay be		ECEASED NAME FIRST PE OR PRINT)	OROTHY [avis	CLAY			03 18		9 55P _M
	ge 4 may ector. pa	3. 9	FEMALE	4 RACE WHITE		5. DATE OF BIRTH MONTH DAY 3 10	1912	AGE (IN YEARS LAST BIRT	MON YRS.		IF UNDER 24 HRS HOURS MIN.
0	nerol direction	76.	BIRTHPLACE (STATE OR FOREIGN KENTUCKY	76. CITIZEN OF WH		MARRIED NEVER		PRINCE GEO	COUNTY OF	DEATH	MD.
500	s after a by the further with the further a within the further a within the further a second	A C	CITY OR TOWN OF DEATH HEVERLY	PRINCE !	SEORGE S	HOSPITAL	STITUTION	IZE USUAL OCCUPATE (TYPE OF WORK FOR MOST OF DIS. Exam	ON WORKING LIFE)	12b. KIND OF INDUSTRY Securi	Social ty Adm
BALTIMORE, MARYLAND 2120	filled in food be fundable			E OR OTHER INSTITUTION, GIV DUNTY 130 P.G.	e RESIDENCE BEFORE A C. CITY OR TOWN Laurel	YES 🗌	NOXX	3e.STREET ADDRESS /	ZIP CODE	207	707
MARYL	ompletely on 2 sl		FATHER'S NAME William	R.	Davis	Le	enora	E.		Davis	
TIMORE	on and constant s. Pages	16a	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES		102–54–	3669Robe		Lay Gamb	ss1109 rills,	Md.21	
ST., BAL	event, th	43	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per line USED BY: DIATE CAUSE (0)	e for (o), (b), and GANGRENI	E OF BOWEL		Turn.		BETWEEN ON	ATE INTERVAL ISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	isgned by the or the property of the property of a signed by the or then please remote to burial, crematic or injury, or ather traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL	(b) PY DUE TO, OR A	S A CONSEQUE ELONEPH S A CONSEQUE TRIBUTING TO D	RITIS NCE OF	ED TO THE TERMIN	nal disease or conc	DITION GIVEN	IN PART Ita	
ral recor	in: The law respective to the spection. In the specific transit permit. Hygiene prior 148 shows any in the specific specific transit specific	CERTIFICATION	190 DATE OF OPERATION	Pari.	bonits,		Fac hor	YES NO	IN CERTIFYIN		OS USED OF DEATH?
VISION OF VI	G PHYSICIAN. The strending physicial properties of the buriel-transit and Mental Hygiciand Act of them 18 should be	MEDICAL CE	P10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE O (IF EITHER, NOTHY MEDICAL EXAN 21d. INJURY OCCURRED WHILE ☐ NOT WHILE ☐ AT WORK ☐ AT WORK	HOUR A.M. INNER) P.M. 21e. PLACE OF	MONTH DA	Y YEAR 19 21f LOCAT	ION	D (ENTER NATURE OF INJUR		COUNTY	STATE
	OR ATTENDIN e hospital or of DIRECTOR: Aft sched far use as Dept. of Health f hem 21 is mar		270.1 certify that (I) (this h sow the deceased alive above. I) two did technical	on3/18	19 8), and that in (m		to 3/19			
	TO HOSPITAL Cretained by the TO FUNERAL Eshould be detain with the State Elimportant: If	1	22d PHYSICIAN'S NAME IT	od ler	- 100) Heme	MEDICAL STAF DIRECTOR PHYSIC	reent	017 1	7/V).
	BP	-	BURIAL, CREMATION, REMOTE BURIAL	The second second second		ame of CEMETERY OF ghland Me		Staffor		0.00	
	DHMH - 16 60M 7/B4 (VRA 15, 4)		FUNERAL DIRECTOR NAME Leck Funeral			ring Rd.	EAST-	RECD BY REGISTRAN 23 987	ISB REGISTRA	R.P. SIGNATUR	BIANK



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME Virginia 20 DATE OF DEATH MONTH YEAR Louise 26 HOUR Cleaveland (TYPE OR PRINT) LOUISE 195 6 :20 AM pog r dec 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Female CAUC 10 1893 To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC DRINCE GEORGES 114 WIDOWED DIVORCED [18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife CUNTON, W SUNTHERN MARYLAND ILOSP Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Marvland Charles Bryans Road Arbor Lane/20616 NO X 207 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Mattingly Charles Rilev Grace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 577-44-8183 Grace M. Hare same as # 13 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ARDIAC ARREST 1/2/1/2 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PERITONITIS Canditians, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PEPTIC VICER PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DAJE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ULCEN NO YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an. , and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated above (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED un ATTENDING MEDICAL STAFF PHYSICIAN PI DIRECTOR PHYSICIAN 22e ADDRESS d b MPORT 7501 SVRRAFTS RA CLINTON MLD 2078, shoul with 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 3-18-87 Ivy Hill Cemetery Burial Alexandria City Virginia 24 FUNERAL DIRECTOR P. O. Box 156 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Huntt Funeral Home (VRA 15, 4) Waldorf, Marvland 2060 O F CALL



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR DECEASED NAME IF UNDER TYEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IE LINDER 2 LARS MONTH DAY YE AR 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISLATE OR FOREIGN MARRIED NEVER MARRIED WASH. DIVORCED | WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH HE NOT IN SUCH FACILITY. GIVE STREET ADDRESS DOROLL KELIBIAKS NUN MITTSUILLE W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURS THE DIHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE KESERVION 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE EMENT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ACUTE RUPTURED AORTIC MINUTES DUE TO, OR AS A CONSEQUENCE OF ATHEROSCUEROTIC CARDIOLENM VISCULARDISTA Conditions, if ony, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON 7 In ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL P.M. 19 LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a | certify that (1) (this haspital) attended the deceased from. sow the deceased alive on_ and that in (my) (out opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226. SJGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN P DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LIVE OF PRINTE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION STATE 250 DATE REC'D. BY REGISTRAF FUNERAL DIRECTOR DHMH - 16 30M 4/83 (VRA 15, 4)



	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
	l - STATE REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	8 9 6 3				
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	I. DECEASED NAME FIRST	et Cecelia	Clinton	March 25, 1987	DAY YEAR 26 HOUR P				
49412	3. SEX Female	4. RACE Caucasian	5 DATE OF BIRTH MONTH 1-5-1906	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.				
27.72 Page 1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY					
d within de	Wash. D.C. 10. CITY OR TOWN OF DEATH Hyattsville	U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET 6006 38th Place	WIDOWED M DIVORCED NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR E) INDUSTRY				
10 2120	USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13t. CITY OR TOW	EADMISSION) /N 13d. INSIDE CITY LIMITS?	File Clerk 13e STREET ADDRESS / ZIP CODE	Department Store				
d within 2 d within 2 d within 2 d 2 simple control 2 sim	14 FATHER'S NAME FIRST	MIDDLE Becket	15. MOTHER'S MAIDEN N	Jane Jane	20782 Hurd				
MORE, Nond com	160 WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRESS line Collins, Same					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PLG PHTSICIAN The sequence that the department case be executed within 24 hours, catherding plynicion the thir certificate has been aloned by the pittern by licion and completely filled in by as the burioth orall partment. Then pages refer a cathera pers. Pages 17ad 2 shall be filled in by as the burioth orall propose prior to burioth create the medical example.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	Cancer ENCE OF	minal disease or condition giv	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 Months EN IN PART 110				
Al Reco	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
OF VIEW	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D	AY YEAR 19	RRED { ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)				
IVISION WG PHYS arteration The this of the one Marked org.	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
TAL OR ATTENDED or SAL DIRECTOR. A detached for site that Dept of head NT. If here 21 a mod	sow the deceased alive or obove, (h (we) (did) (did ni 22b. SIGNATORE	Kessel	DEGREE ATTENDING PHYSICIAN	n death occurred on the date and hou MEDICAL STAFF MIEDICAL STAFF MIEDICAL PHYSICIAN	19 3 , that (I) (we) last rand from the causes stated 22c. DATE SIGNED March 27, 198				
O HOSPI roined to though the whole the	Bruce R. Kr	essel		N.W. #603 Wash.	D.C. 20037				
BP	230 BURIAL, CREMATION, REMOVAL Burial	3-28-87 G	NAME OF CEMETERY OR CREMATORY Ienwood Cemetery	Washington D					
DHMH - 16 60M 7/B4 (VRA 15, 4)	作R名がCISIでASCH 4739 Baltimore Av	'S SONS FUNER/ /e., Hyattsville,	TE HOME, IA	ATE REC'D. BY REGISTRAR 256 REGIST PR = 2 1987 Julia 1	RAR'S SIGNATURE				

4/9

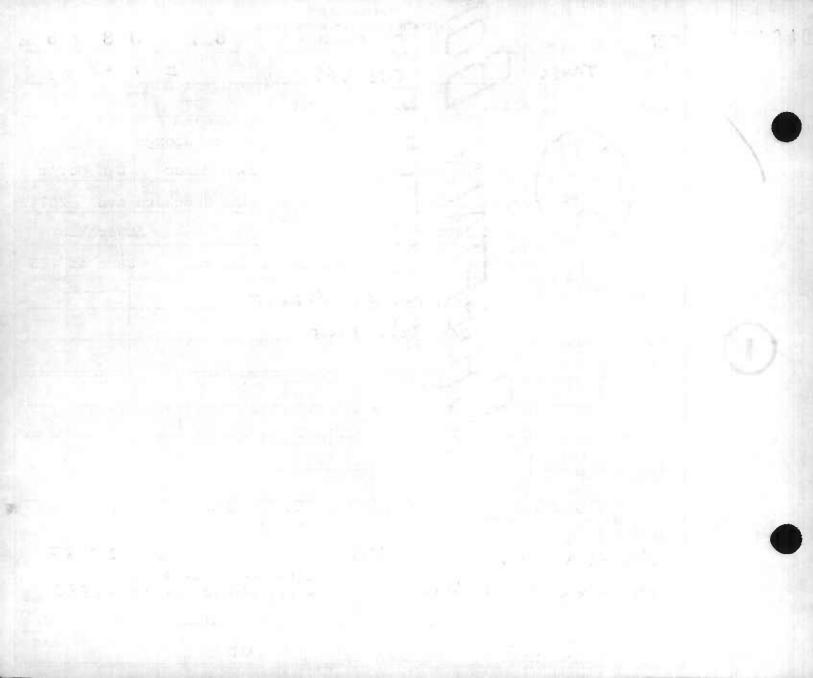
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH F DECEASED NAME (TYPE OR PRINT) COLEMAN , JR. JAMES 13 IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX OCT 284 1950 36 Black Male O BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. PRINCE GEORGE'S DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR CITY OR TOWN OF DEATH 12a USUAL OCCUPATION INDUSTRY TTYPE OF WORK FOR MOST OF WORKING LIFE) CHEVERLY ousekeeping Aid Hospital 136 COUNTYP.G USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE apitol Hats 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. 1304 Nye St. 20743 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Paynes Florine Coleman, Sr. James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 13 above 215-56-9306 Coleman-Same as Dana M. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d. INJURY OCCURRED 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on_ and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c DATE/SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the State 22e ADDRESS 771 PHYSICIAN'S NAME (TYPE OF PRINT 7500/Janous 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 250 BURIAL CREMATION, REMOVAL 23b. DATE HARMONY MEN. PARK CAMPONER 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 U.S. IN ASHINGTON + SONS 4925 BURROUGHS AUF. N.E. (VRA 15, 4)



Suitland Md

(VRA 15, 4)

Funeral Home



04-72	20 110	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
3 4 1 2	8 6 MAR	11/-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH					8 / REG. NO. 0 8 9 5 3				
			CEASED NAME FIRST	MIDDLE		- L	LAST '3		20. DATE OF DEATH	MONTH DA	Y YEAR 26 HOUR		
y be	deoth deoth		SADIE	(NN	11)	Co	LIE		3	112/	87	3 AM	
зе 4 то	s ofter o	3. SE	×	4 RACE		MONTH	5 DATE OF BIRTH MONTH 12 15 18 18 18 18 18 18 18 18 18		6 AGE (IN YEARS LAST BI				
Poo	hou hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER	ALABRIED	9 BALTIMORE CITY	YRS OR COUNTY C	F DEATH		
eoth	in 72		WASH DC	U.	SA	WIDOWE		NORCED	PRINCE GEORGE			ES MD.	
e d	e fe fe	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPAT		12b. KIND OF BU	SINESS OR	
rs of	hiled 1	16	REENBELT	GREEN	GLT N	39 (CTR.		Housewife	OF WORKING LIFE!	Own Ho	me	
MARYLAND 212	Filled A Park	13n.	AL RESIDENCE (IF NURSING HOME O STATE 136 COUL			N 113d INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CODE 235 Lestner Lane 2077		20770	70		
KYL.	sh sh	19: F/	ATHER'S NAME	MIDDLE				S MAIDEN NAM			01		
WA	11/6	1	Francessca	MIDDLE	Demma		L	ucia	WIDDLE		Ciccan	ic	
	2 : 1	160 \	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMA	ANT 6906	Beacon Pla	ice			
ALTIMORE		N	Ves. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-74-9338 Leona M. Layton, Riverdale, Md. 20737								37		
BAL			18 CAUSE OF DEATH (Enter of	nly one couse per	line for 101, 161, ar	nd ic	^	1/			APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH	
ST.,	0000		PARTI. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Chi Cliene Cartest							10 cc	-		
0 £	corb corb or or		DUE TO, OR AS A CONSEQUENCE OF										
1	offe		Conditions, it only, which gove rise to immediate (b) and terris I clerth bear the from e , year										
5	by the		couse (a), storing the underlying couse last (c) Confestin here flustion 3 consequence of										
RDS, 2	Then ple Then ple to burn njury, o	NO	PART 3 OTHER SIGNIFICANT	conditions co	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO HE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 110		
3	bee prior	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED					DRMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
ALRI he lo	t per	Ĭ							YES NO X	YES		O C	
Z Z	Hyg 18 s	G. S.	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	AV VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)		
OF OF DE	Intolin and	Z Z	OR CONTRIBUTING CAUSE OF DE	2111		19							
DIVISION OF VITAL RECO	d AM	MEDICAL	21d INJURY OCCURRED	21e PLACE (OF INJURY	EARLA ETC 1	211 LOCATIO	NC	CITY OR TO	OWN	COUNTY	STATE	
٥ <u>١</u> ٥٠ ١	hon hon	2	AT WORK NOT WHILE AT WORK		et, racioni, orne	A		0.0	11	0	~		
9 0	USE OF THE OF TH		220.1 certify that (1) (this hasp	ital attended the	deceased from	Jem	70	_, 19_/	10 / COLS ON	1219	that	(I) (we) lost	
R ATTEN hospital	22 of 1		sow the deceased alive or above, (1) (we) (dip) (did no	of view the body	ofter death	. on	d that in (my)	(our) opinion o	leath occurred on the d	ate and hour o	and from the cousi	es stated	
OR o	DiRE ochec Dept f tten		276. SIGNATURE DEGREE 22c, DATE SIGNED							IED A 7			
A +	1 50 0		ATTENDING PHYSICIAN [C					MEDICAL STA	FF IAN []	Hover /	1.8		
HOSPIT	FUNERAL uld be det to the Stote ORTANT:	1	22d. PHYSICIAN'S NAME (APPEORPRINT)				22e ADDRESS						
	Should be de with the Stot		Till Bergeman				115 C	enterwa	y, Greenbe	It, Md	20770		
T e	r n s S		BURIAL, CREMATION, REMOVAL				METERY OR	CREMATORY	23d LOCATION		COUNTY	STATE	
BP_			urial	3-14-87	7 M	t. Oliv	et Cer	netery	Washing	ton D.	C.		
DHMH -	16 60M 7/B4		RANGESORGASCH					A 250 DATE	RECD. BY REGISTRAR	256 REGISTRA	R'S SIONATURE	4	
	RA 15, 4)	4	739 Baltimore A	ve., Hy	attsville.	Mary	land	MAR	7 0 1901	2000			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR DECEASED NAME RACE 3. SEX BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 126 KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING LIFE! 21403 15. MOTHER'S MAIDEN NAME FIRST suman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per ling for 101, 161, and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC)

00 nto MEDICAL NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death DEGREE 224 SIGNATUSE ATTENDING MEDICAL be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS TO FUR should be 22d PHYSICIAN'S NAME LIVE OF PRINT 23a DATE REC'D (VRA 15, 4)

DHMH - 16 60M 7/B4

FOR

- STATE

1 DECEASED NAME

Female

THPLACE (STATE OR FOREIGN

(TYPE OR PRINT)

FIRST

4. RACE

White

G.

76 CITIZEN OF WHAT COUNTRY?

Mary

STATE OF MARYLAND

January 5, 1895

MARRIED NEVER MARRIED

20 DA

6 AGE

9 BAL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

CONNOLLY

E 8 REGINO.	0	8	9	6 3
DATE OF DEATH MONTH	DAY	YEAR	2b HOL	
March 7, 1987			10:2	5a m
AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24 HRS
92 YRS	MONTHS	DAYS	HOURS	MIN.
BALTIMORE CITY OR COUNT	Y OF DE	ATH	11.2	
Prince-Georg	ges			MD
USUAL OCCUPATION WHE OF WORK FOR MOST OF WORKING I OV.: Chief of Fi	FE) INC	USTRY	f BUSINE	
STREET ADDRESS / ZIP COD		21	174	0
MIDDLE B•		Fla	vin	

A.	strict of	Columbia 0	SA WIDOWE	DIVORCED	Prince-	-Georges Mo
	Hyattsvill	e (IF NOT IN SUC	acred Heart Ho			on 12b kind of Business or Industry of Finance Office
13a S	aryland		GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Hagerstown	YES 📉 NO 🗌	1121 Oak	
	John	MIDDIE J.	Geier	Anna	B.	Flavin
		N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	578-32-8293	Mary F. Mur		
CATION	Conditions, if ony, gove rise to imm couse (o. storing underlying couse	AS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OI which (b) g the ODUE TO, OI (c) IFICANT CONDITIONS	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DISTRIBUTING TO DEATH BUT	NOT HELATED TO ME TERMI		DITION GIVEN IN HART LID
MEDICAL CERTIFI	OR CONTRIBUTING C. (If EITHER NOTIFY MEDIC 71d. INJURY OCCURR WHILE NOT WHAT AT WORK 72a. I certify that (I) (I) Sow the decease above, (I) (we) (d) 72b. SIGNATURF 72d. PHYSICIAN'S NA	AUSE OF DEATH AL EXAMINER) ED 71e PLACE (AT HOME STR (this hospitol) ottended th d olive on id) (did not) view the brdy ME (TYPE OR PRINT)	M. MONTH DAY YEAR M. 19 DF INJURY EEL FACTORY, OFFICE, FARM, ETC.) e deceased from 19 ofter death.	211 LOCATION STREET 1984 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	eath occurred on the de	te and hour and from the couses stated 72. DATE SIGNED 73. DATE SIGNED 73. DATE SIGNED
	CAL CERTIFICATION	Hyattsvill BY ALL RESIDENCE (IF NURS) 130. STATE ITATYLAND 14 FATHER'S NAME FIRST JOHN 160 WAS DECEASED EVER 1755. NO OR UNKNOWN) NO 18 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gove rise to imm couse (10). stoting underlying couse 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COUSE 114 INJURY OCCURR AT WORK 270. I certify that (II) sow the deceose obove, (II) (we) Id 270. SIGNATURE	TO CITY OR TOWN OF DEATH Hyattsville BSUAL RESIDENCE (IF NURSING HOM OR OTHER INSTITUTION 13a. STATE IMARYLAND 14 FATHER'S NAME FIRST JOHN J. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? [YES. NO OR UNKNOWN] 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost. Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost. 19a DATE OF OPERATION 19b CONDITIONS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 27a. I certify that (1) (this hospital) attended the sow the deceased alive on obove, (1) (well (did) (did not) view the body 27b SIGNATURF	TO CITY OR TOWN OF DEATH Hyattsville WE SUCH FACILITY, GIVE STREET ADDRESS) Hyattsville WE SUCH RESIDENCE (IF NURSING HOM OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 STATE 132 CITY OR TOWN Hagerstown H	TO CITY OR TOWN OF DEATH THE CAUSE OF DEATH IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE CAUSE OF DEATH INTERIOR OR OTHER INSTITUTION THE CAUSE OF DEATH INTERIOR OR OTHER INSTITUTION THE CONDITIONS ON THE INSTITUTION OF THE INSTITUTION THE CAUSE OF DEATH INTERIOR OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR OTHER INSTITUTION THE CAUSE OF DEATH OR OTHER OR	TO CITY OR TOWN OF DEATH HYATTSVILLE HATTSVILLE HATTS

Mt. Olivet Cem

23c NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 3/10/87

Burial

23d LOCATION Wash . DC

COUNTY

STATE

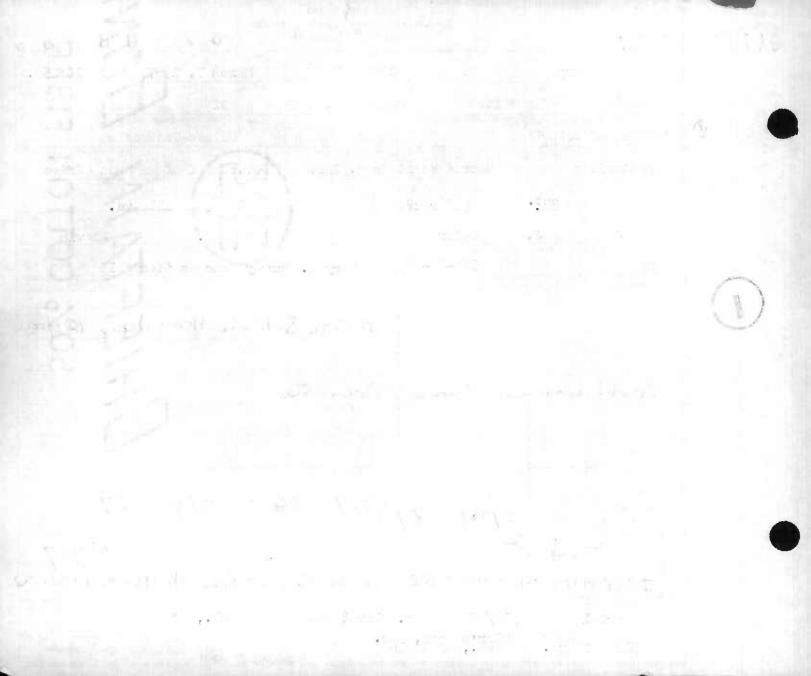
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or oth

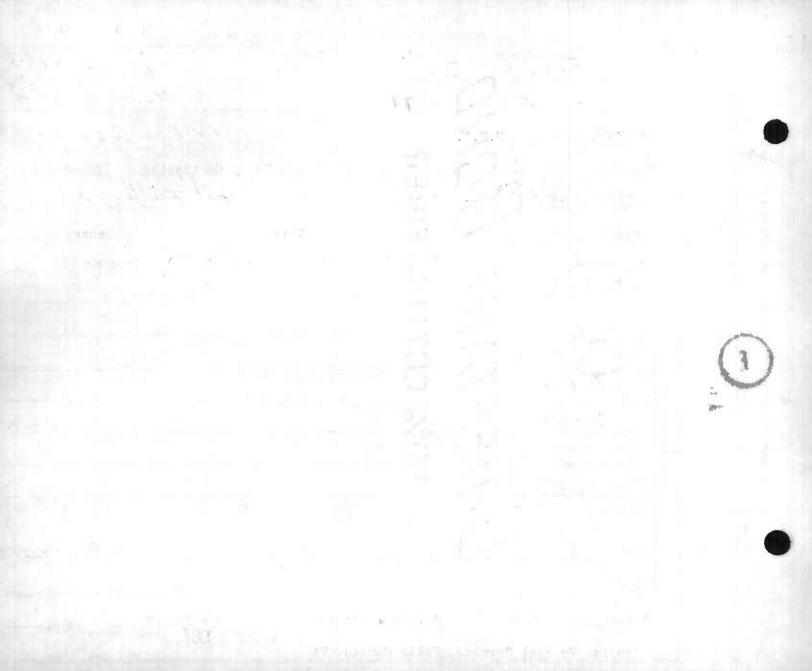
74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



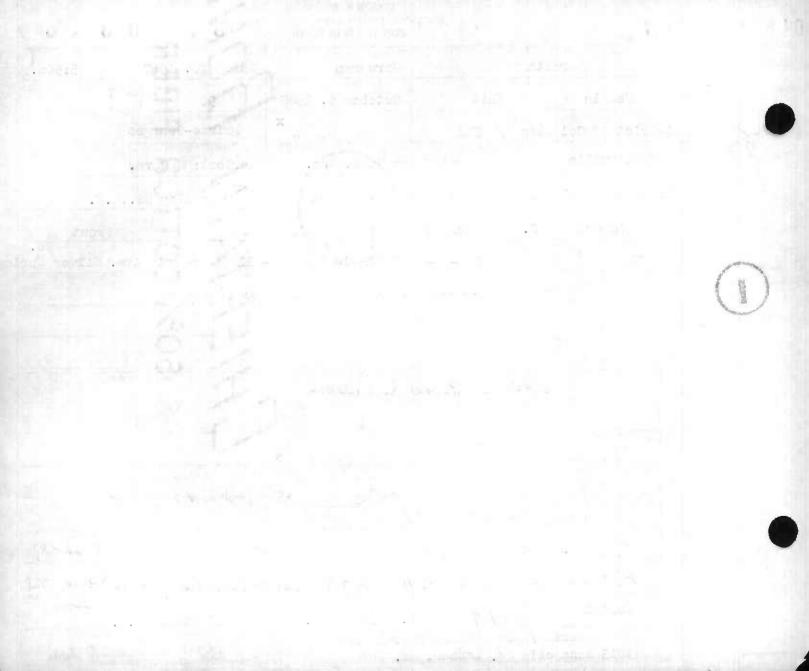
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TATE REGISTRAR CERTIFICATE OF DEATH REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINT .31P 4. RACE 6 AGE LIN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 21 MPS Female Caucasian April To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE Ireland DIVORCED T WIDOWED PAX IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PR'THCE" GEORGES MEDICAL C ENTER CHEVERLY Sales clerk Department stor USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? rince Georg YES TE NO [12110 Maddox Lane Maryland Bowie 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Joseph Curran Margaret Clancy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWN HEYES GIVE WAR OR DATES! live M. Stange 13e same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF LSCHEMIC Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES [NO IT 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from law the detensed alive an, and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated the bady after death DEGREE 29 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ZIN THYSICIAN'S NAME (199 OFFICE) 22e ADDRESS 3231 SUPERIOR IN. EONARD P. APPE BOWIE, MD. 20715 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIFY CITY OR TOWN STATE Resurrection Cemetery Clinton, Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 16000 Annapolis Rd. DHMH - 16 60M 7/84 Home Bowie, Maryland (VRA 15, 4) Beall Funeral

	. /	1			SIA	IE OF MAKTLA	ND				
	6	1-	FOR STATE		EPARTMENT OF	HEALTH AND N	MENTAL HYGIE	NE	n a	9 6	1
1. 0 2	7 NAS 11		REGISTRAR	MED	DICAL EXAMIN	IER'S CERTIF	ICATE OF DE	ATH/ RE	G. No.	, ,	•
400	D / MAR		CEASED NAME FIRST	Frank	MIDDLE J.	LAST	ley	20 DATE KNOW	N FE MONTH	DAY YEA	R Zh HOUR
	W 1 200 +	{TYF	E OR PRINT)	Flank	7	(000	Tey	OF ESTI-		111. 8	17 634
	ESER SA		1 2	-2~/5	V-	(661	Cy	DEATH MATE	MINC	17/19	OM
	第12mg 支援	3. SEX	4 RACE	S. D'ATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR.	HOURS MIN.	PRONOUNCED	MONTH	DAY YE	AR Z BER
	S#35#		MIN	Feb 16	11 01	RS.	HOURS MIN.	DEAD V	troch	4 19 8	200
	375 37	7n B	RTHPLACE (STATE OR	76. CITIZEN OF WH		1		9 BALTIMORE C	ITY OF COUN		
	HRREEM?	FC	REIGN COUNTRY)	-	7		EVER MARRIED	Do.	- 4	· · OI DEATH	
	75236 L		New York	U.S.A		WIDOWED [DIVORCED L	Who	ce G	Cors	res MD.
1 45.Hz	2月2年2日37/	70. C	TY OR TOWN OF DEATH		PITAL, NURSING HOMI	E, OR OTHER INSTIT	UTION 120 U	SUAL OCCUPATION	TYPE OF WORK	126 KIND OF OR INDU	BUSINESS
1	りならる世別フ	1	[2. unel 1	A CONTRACTOR A	WEITY, GIVE STREET ADDRESS!	1 B. 14.	: 11 11 -	R MOST OF WORKING LIFE		_	
1	A TONE	JSU	AL RESIDENCE (IF IN NURSING JOM	E OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI	IONI	VINETION P.	Contract	or	Excava	ting
	8 29258 W	13a S		MIX N/A	13c. CITY OR TOWN		CITY LIMITS? 13e. ST	REET ADDRESS	1	29	955
	2 《名前号册》		11-4	1-62-14-4	Albany	YES T	NO 1	12 10	n Lov	1 MA	
	B JUNEAN	14. F	ATHER'S NAME				HER'S MAIDEN NAM	AE .			
	# Eng 28/1/	1	FIRST	MIDDLE	Ca a 1 and		FIRST	WIDDIE		LAST	
	8 85818 +	160 \	Frank VAS DECEASED EVER IN U.S. A	PALED CODCECO	Cooley		Ethel	400	RESS	eharg	
	F BYONS	{Y		VE WAR OR DATES)			MAINI	ADD	, KE 22		
	AL AND		No		127-03-29	35 Ar1	ene Coole	y (wife)	Same	as 13	
	S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter of	only one couse per line	for (a), (b), and (c),)	,	1 -	0		APPROXIA	AATE INTERVAL
	PASSA P		PART I DEATH WAS CAUS	SED BY:	hrobic	Obstru	reblue	Pul	Dic	BETWEEN O	NSET AND DEATH
	SECONDS		IMMEDI	ATE CAUSE (o)	AS A CONSEQUENCE				11.5		
	E SERVED		Conditions of any orbit		43 A CONSEQUENCE	OF					
	第 正三角云本名		Canditians, if any, which							100	
	200 620		couse (a) stoting the unde		AS A CONSEQUENCE	OF					
	后 ESXXXX		lying cause last.								
	1 min = 200		PART 2 OTHER CICNICICANT CONDITION	NC CONTRIBUTING ID DEATH I	UT HAT BELLTED TO THE YEAR						
	A X X W X X X	1 ,	PART 2 OTHER SIGNIFICANT CONDITION		UI MUI KELAIEU IU INE IEKA	HINAL DISEASE DR CONDILL	DN GIVEN IN PART 1 (a);				
	CAAAAAA —	CERTIFICATION									
	E SEPORT	13	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION WAS PERFO	RMED?			20 AUTOP	SY?
	토 당당품교유을	1 5	None							YES [NO'DO
	NO WENT	1 8	210 EXTERNAL CAUSE WAS	216 TIME OF	INJURY	717 HOW INITIE	Y OCCUPPED LENTE	R NATURE OF INJURY IN IT	E44 10 B 4 B 1 1 0 B 8 4		NODE
	O SATERIAL	1000	UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	R	OCCURRED TENTE	K INATORE OF INJORT IN II	CM ISPARI I ORPA	K1 2)	
	Q TESTERO	15	CONTRIBUTING CAUSE O		19						
	# HEBSES	MEDICAL	21d. INJURY OCCURRED		FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET					
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2	WHILE NOT WHILE AT WORK	D STREET, PACIN	JRT, FARM, EIC.)	SIREEI		CITY OR TOWN	CO	UNTY	STATE
	STA A A STA		THE THORK								
	MINER: HFICATE BE FOR FCTOR: HT THE S		22a I certify that I took cho	rge of the remains desc	ribed abave, held an	Autopsy	Inspection .	Inquiry	and in my of	pinian	
	ME HOLE		death resulted from: Nat	tural couses	Accident Su	icide , Ham	ucide . Und	etermined manner			
	380#58	1		0 /		TITLE	SPECIFY)			,	
	202555		ACTUAL /	000	("	2		DATE	March	141081
	355555	1	SIGNATURE	22	19/100	M.D.	ME	DICALEXAMINER	SIGNE	D	1
	BH + KON	1	EXAMINES NAME		0						
	TO ME PAGE TO FUI BALTER		TYPE OR PRINT			ADDRESS					
11	LAST AS		URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CE	METERY OR CREMAT	ORY 23d I	OCATION TY OR TOWN	COU	-TN	
114	9 90/9	(:	Burial	9 Mar 87	St Agne	s Cemeter			VIZ.	VIII	STATE
25	W. Or	24 F	JNERAL DIRECTOR	D Har O/	DE. Ague	2 Cemerel	250. DATE REC'D	Menands	REGISTRANGES	CHILL SEL	tous.
1	DHMH - 17		NAME	ADDRESS			MARO	9 1901 3	Marie Andrea	- Se Se Selection	
	(VR A15 ME (5))		Capitol Fune	ral Service	, Falls Ch	urch, VA					



									OF MARYLAND					
	•			1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	YGIENE	REG. NO	0	8 /	0 3
4.	94	2.6	APR -		FASED NAME FIRST		MIDDLE	ŗ	AST	20 DATE OF	DEATH A	MONTH D	DAY YEAR	2b HOUR
	y be	den	/	0	Mary			C	OOPER	March	27,	1987	()	7:30P M
	ge 4 mo	10/	1	3. SEX	Female	4. RACE B1	Lack	5. DATE C	- DAY - A XEAR	6. AGE (1NY)	ARS LAST BIRTH	_	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	oth. Pag	ierol din 72 hou	77		RTHPLACE (STATE OR FOREIGN S.C.	75. CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	7		COUNTY		115
5	s offer de	d the	3		TY OR TOWN OF DEATH Lanham	Doctor	HOSPITAL, NURSI	NG HOME C TADDRESS)	ROTHER INSTITUTION P.G.	120. USUAL (CE GE DCCUPATION FOR MOSLOF ESTIC	WORKING LIFE		F BUSINESS OR
0	O PMD n 24 hours of		I	2	Md.	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Deffers	RE ADMISSION)		13 STREET 4	DDRESS /	ZIP CODE A V e	. 2	1740
MARYL	ed t	d is	exc.	100	THER'S NAME FIRST Thomas	MIDDLE	Byro	đ	15. MOTHER'S MAIDEN N Mary	IAME	WIDDLE		Boyd	ī
BALTIMORE,	Leas	Poges.	medical		/AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE NO	S. GIVE WAR OR DATES)	577-32		17. INFORMANT Casters	Foster	# 3	c	ey Ct	
ST., BALT - Re	- Re	physicio an popers emovol.	event, the		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one cause per NUSED BY: DIATE CAUSE (0)	r line for (a), (b), a	_	min					MATE INTERVAL ONSET AND DEATH
ESTONS	ied deoth cer	ottending ove carbo fian, or re	troumatic		Conditions, if any, which	DUE TO, O	RAS A CONSEOL	JENCE OF	MACT	INPO	5017	N		N ai
	Otif hat the a by the a ose remo of cremat ather tra				gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEOL	JENCE OF						
	er N	Then ple	injury, or	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ENCIN	DEATH BUT			OR COND			21
SECO.	nin low	s bee	sony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATIO	WAS PERFORMED	20a AUTC	PSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN	IGS USED OF DEATH?
AL	The The	cion. e ho sit pi	shows	RTIF						YES	NO	YES	5 🗆	NO 🗌
NOF VI	al En	ertificate rial-transit ental Hygi	Hem 18		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	OF DEATH HOUR A.		PAY YEAR	21¢ HOW INJURY OCC	JRRED (ENTERNA	TURE OF INJURY	Y IN ITEM 18 PA	RT I OR PART 2)	
3	dica	frer this as the bu h and M	orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
;	ATTENDI	CTOR: A I for use of Healt	n 21 is mo		22a.1 certify that (I) (this h saw the deceased aliv above, (I) (we) (did) (di	e on MM 14	19	mny on	d that in (my) (aur) apinio		on the dot		and from the	that (I) (we) last causes stated
	TAL OR	y the ho RAL DIRE detached tote Dept	LT. # Hen		22b. SIGNATURE	me	adr	m		MEDICAL DIRECTOR	STAFF	AN []	3 - Z	SIGNED
	O HOSPIT	etained by the TO FUNERAL should be defined with the State	MPORTANT:		220 PHYSICIAN'S NAME (1)	1. Mea	rde		9811 MAZ	LOND	on	LA	W167	MD
	-	3P	<i>u</i>	1	URIAL CREMATION, REMO	/ /	04 1	1	EMETERY OR CREMATORY	4. R. Z	AUREC		G. M	STATE
	DHA	MH - 16 60M		24 FU	NERAL DIRECTOR		ADDRESS		us Aug WENT	ATE REC'D. BY RI	GISTRAR 2	2		
		(VRA 15, 4))	H.	S. WASHINGTO	240044	4925 BU	RROUG	HE BUT WEAT	00 0 10	397	7.2 /	emdron P	in dash





PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE iur) apinion death accurred on the date and haur and from the causes stated 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Brentwood Prince George Md 3-27-87 Burial Ft. Lincoln Domando Mill Beltsvilles Md 20 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15. 4)

1987

IF UNDER 1 YEAR

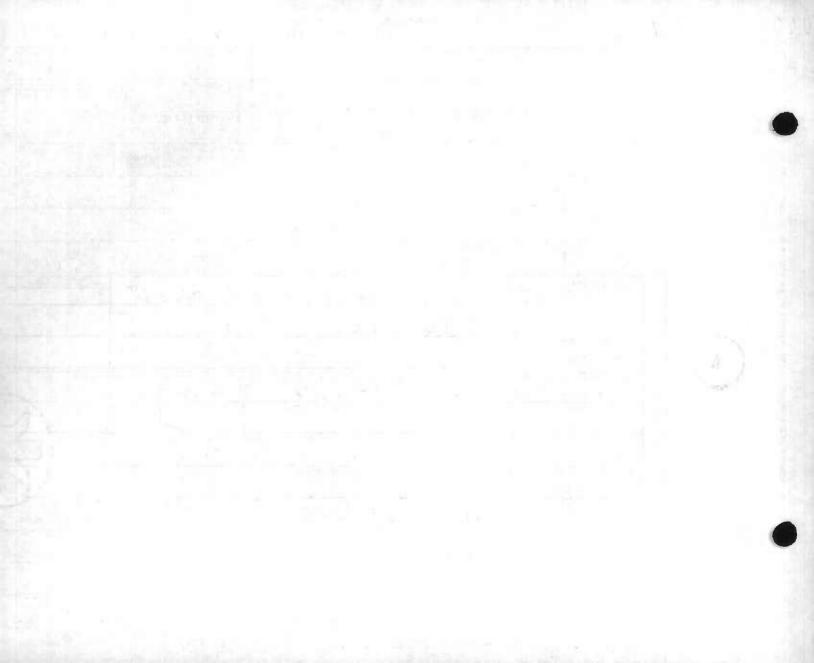
10:35

12h KIND OF BUSINESS OR

govt.

Kranzfelder

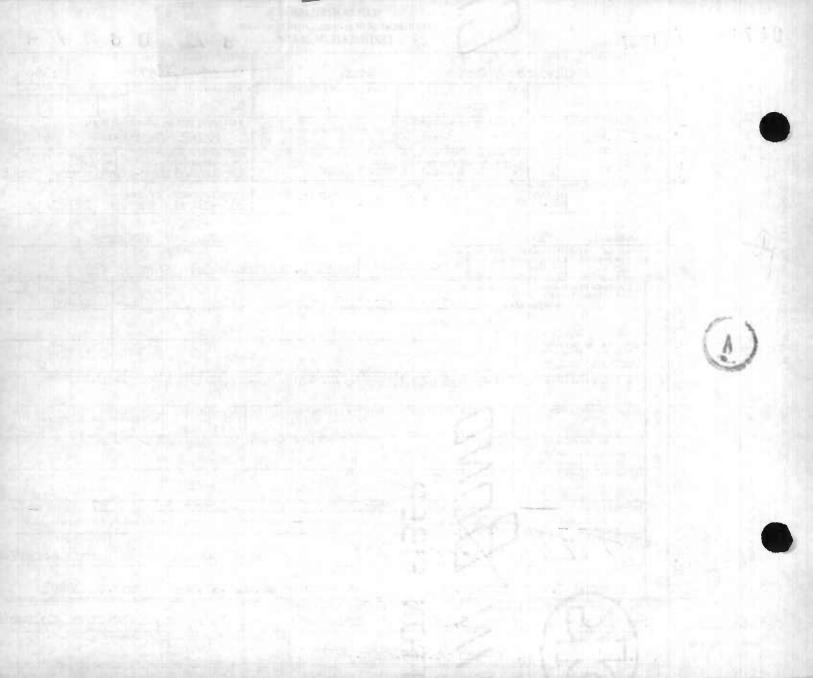
nsamilate .lare e



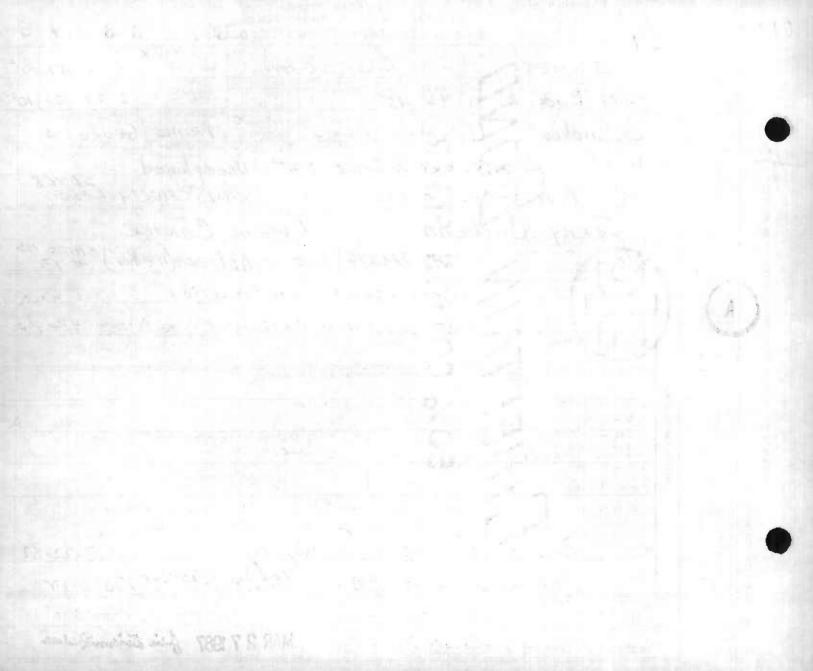
					Film G625				STAT	E OF MARYLAND)				
047	31	911	NO I	71 :		31/87	rja	DEP		EALTH AND MEN		IENE	0	0	7 3
			10111	1.0	REGISTRAR					ICATE OF DEA	ATH	REG. NO.	U	8 7	1 %
	45	m +			CEASED NAME	FIRST		MIDDLE		LAST CC		20. DATE OF DEATH MO	DAY	YEAR	26. HOUR
	y be	poge r deat						Maywo		ROSS		3/1/	01		12-45 M
	E 4	or. p		3. SEX			4 RACE		5. DATE	H DAY	YEAR	6. AGE (IN YEARS LAST BIRTY	MON	INDER I YEAR	HOURS MIN.
	96c	recte wrs o	100	_	lale		White		02	- a1-09	7	80	YRS		
	٠ .	10 G	E co		RTHPLACE (STATE OR F		76. CITIZEN OF		TRY? 8 MARRIE	DX NEVER MAR	RRIED 🗆	9. BALTIMORE CITY OR			
	deo	fune	5		st Virgin			S. A.	WIDOW	DR OTHER INSTITU		12a USUAL OCCUPATION	seon	100 C	DUNTY MD.
	ofter	d b	E	1	1:00 Lain	un.	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	111-	TION TO THE TIME T	(TYPE OF WORK FOR MOST OF W	ORKING LIFE)	INDUSTRY	W Choin
120	SULS	n by	9e	USU	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	ava Ho	57.	Manager(Sto	ore)	Food S	y Chain
10 2	24 hc	lled b	1 sou	13a S Ma	ryland	13h COUN		Upper Upper	TOWN	134 INSIDE CITY	LIMITS?	13e.STREET ADDRESS / Z		/007-	10
TA	e id	shows show	Der		THER'S NAME	Pr.Ge	20 S	Marlt		YES X NO		1410 Rector	y Lan	e/20/1	7
IAR	3	nd 2	E	Ĥ.	Elmer	A	MIDDLE	Caros		FIRST		MIDDLE		LAST	
m,	cute	com S 1 s	0	160 V	VAS DECEASED EVER	IN U.S. ARA	MED FORCES?	Cros	SECURITY NO.	17 INFORMANT	a	Lucinda		Warne	r
MOR	e x	ond	nedic	- (1	NO UNKNOWN)	(IF YES, GIVE	WAR OR DATES)			Cora Man	rio Ci	4110 HATO Rec	tory	Langa	Upper
BALTI	e pe	cron ers. I	the		IN CAUSE OF BEAT	H (Enter nel		line for (a) (b	a) and (s)	TOOLA PA	rie C	LOSS TELLBOIT	, ikie	APPROXIM	NATE INTERVAL NSET AND DEATH
6	2	-	1		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	BY. Car	la D.	or, and terr	1. 0.				BETWEEN	NSET AND DEATH
PRESTON ST.,	1	A	ž.		Section 8	IMMEDIATI	E CAUSE (a)	right	necery	January	1_6	La La Maria de La Companya de La Com			
STO	1				Canditions, if any,	which	DUE TO, O	R AS A CONS	EQUENCEOF		4.	1-			
88	20	-	1		gove rise to imm cause (a), statin	nediate	(0)			ene in	1	1110			
*	t tot	by f	othe		underlying cause		DUE 10, O	R AS A CONS	EOUENCE OF						
201	es t	ple	y. o.		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BU	NOT RELATED TO	THE TERM	MAL DISEASE OR CONDIT	ION GIVEN	IN PART Lo	
RDS,	50	Then To b	חומו	NO	Ischemic	Heart	Desegge	2 aurica	Lar fordla	tim Couple		get fakure ch		Jake	raso.
RECORDS	30	mit.	O or	CATI	198 DATE OF OPERA	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY? 2	Ob. IF YES	ERE FINDING	GS USED
AL RI	he k	t per	SMO	CERTIFICATION								YES NO	YES [IG CAUSES (NO [
DIVISION OF VITAL	N. T	ronsi	48	CER	21a. ACCIDENT WAS UNE		21b. TIME C		DAY YEAR	21c. HOW INJUR	RY OCCURR	RED (ENTER NATURE OF INJURY IN	TEM IS PART	ORPART 2)	
P	ICIA 9 P	iol-t infol	E /	CAL	OR CONTRIBUTING		117	M.	19						
O	HYS	his o	ō	MEDICAL	21d INJURY OCCURE			OF INJURY	SENCE FARM ETC)	21f LOCATION	4	CITY OR TOWN		COUNTY	STATE
N N	2G P	fter 1 ss th	rked	2	AT WORK AT WO	ILE	(A) Nome: Si	NECT, 1 ACTORT, OF	rick, ranm, kitch						
_	OZ a	use of	S H		22a I certify that (I)				×		19 5 7	, to march 7	. 19.		nat (I) (we) lost
700	ATTE	5 4	121		sow the decease above, (1) (we) (c	ed alive on a lid) (did not	view the body	after death.	19_57_,0	nd that in (my) (au	r) apinian e	death accurred an the date	and have as	nd fram the c	auses stated
	OR of	DIRE	Hen		226. SIGNATURE					DEGREE	ENDING _	MEDICAL STAFF		22c DATES	IGNED
	TAL by th	RAL	-		Will	-n C	apme	Mo		PHY	SICIAN	DIRECTOR PHYSICIAL	٧ 🗆	marc	4787
	OSP ed b	FUNERAL old be det	RTA		22d. PHYSICIAN'S NA		FPONE	MD		750/S	UPR	ATTS Rd		105-	
	eto:n	should b	IMPORTANT		Hefen (- 1/1			8 N		nd	2073	35
				230 E	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	3/10/	/87		COMO TO CREATE		23d LOCATION	(15	OUNT	PAG /-
	BF		-				3/10/	07	TETHITE	y Cemeter	-	Upper Marlt			
		H - 16 60M		R	ichard A. uneral Hon	Colem	ian I	Joper * M	arlboro	, Md.2077	7D. DATI	E REC'D. BY REGISTRAD 25	REGISTRA	R'S SIGNATU	P. C.
	(VRA 15, 4)		F	uneral Hon	ie:		LECT II		,	MAR	1 6 198/	-1-0407		



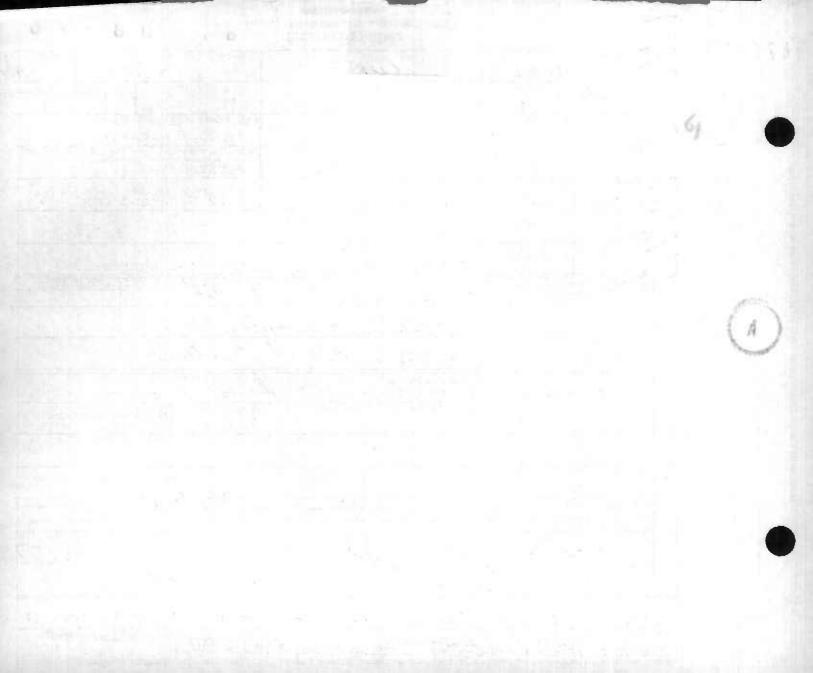
04734219	17	FOR STATE REGISTRAR			DEI	PARTMENT	F HEALTH	AND MENTAL HY	GIENE 8	/ REG. N	10. 0	8	9	14
1		OR PRINT	FIRST		MIDDLE		LAST			E OF DEATH	HINOM	DAY	YEAR	2b. HOUR
my be death death death death			Clarer		ephas		xton		Ma	March 3,1987				9:30p M
sign state	3. SE			4 RACE			TE OF BIRTH			(IN YEARS LAST BI	RTHDAY	MON1HS	DAYS	IF UNDER 24 HRS
- A 4 5	4	Male		Cauca	asian	Jü	ne 20	,1903 YEAR	83		YRS.			Mid.
\$ 500 p.		RTHPLACE (STATE		7h. CITIZEN O		AAA	DIE NOTO N	IEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
1 (202)	-	ells, Vir		United		WIDO	OWED	DIVORCED [Prince	Geor	ges		MD.
DA		TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, N	NURSING HO	AE OR OTH	ER INSTITUTION		JAL OCCUPAT			KIND OF	F BUSINESS OR
OL	A	delphi											on Hotel	
2 13 2	USU/ 130. S	AL RESIDENCE IN	1136 COLL	NITY	N GIVE RESIDENCE	E BEFORE ADMISS	(N)	SIDE CITY LIMITS?		ET ADDRESS				
8 6 18	Ma	ryland	Pr.G	eorges Capitol Hgts 134 INSIDE CITY LIMITS?					612	-Clovi	s Ave	nue	207	43
Discourage of the state of the	14 FA	4 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE											LAST	
		Joseph	Albe		Croxto	on		Mary	Robe		Mo	Cart		
# V 0 0 0 0 0 0		VAS DECEASED ET		RMED FORCES?	166 SOCIAL	L SECURITY N	O. 17 IN	FORMANT	A 1.	ADDR	ESS			
IN POOR	,,	No	1 18 163, 011	AE ANN ON DATES!	577-1	LO-2944	Pea	rl L.Crox	ton (W	ife)	Same	as #	13	
and and		11. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTI, DEATH WAS CAUSED BY:										APPROXIA	MATE INTERVAL DINSET AND DEATH	
S T T T T T T T T T T T T T T T T T T T		PART I. DEAT		D BY. TE CAUSE (a)_	Acute	myoca	rdial	disease					Yea	
Tie of the	183			DUE TO	OR AS A CON									
		Conditions, if		((b)_										
to [6]		gave rise to cause (a), st		DUE TO.	OR AS A CON	SEQUENCE C	F			F577	133.40		7	
		underlying co	ause last	(c)_	100								9.7	
RDS, 20 equires Then pli to buri	NO	PART 2 OTHER S	SIGNIFICANT	IGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR						EASE OR COM	NDITION G	IVEN IN	PART Ita	
0 7 1 0 2 10 1	CERTIFICATION	190 DATE OF OPE	ERATION	ON 1%. CONDITION FOR WHICH C			OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WE				
Name of the second	TIF	1.1		TOOK.					YES [NOT	YES []	LAUSES	OF DEATH?	
	CER	210. ACCIDENT WAS			OF INJURY	H DAY VI	AD 21c H	OW INJURY OCCU	RRED (ENTE	R NATURE OF INJ	JRY IN ITEM IS	PART I OR	PART 2)	
Cal	AL	OR CONTRIBUTING		ATTA	P.M.		19							
di di di	MEDICAL	21d INJURY OCC	URRED		OF INJURY	0.55.55.5.0		OCATION STREET	7/24	CITY OR 10)WN	(0	UNTY	STATE
DIVISION DIVISION DIVISION After that it is as the buy of the and Me thanked are) —Medii	2	AT WORK AT	T WORK	I AT TOME. S	THEEL PACIONS, C	OFFICE, TARM EIG								3,771
S C C C C C C C C C C C C C C C C C C C	- 1	220 I certify that	t (I) (this hosp	ital attended t	the deceased	fram Ma	y 26	19.62	, ta	March_	3	. 19_8	7	hat (I) (we) last
Spito CTOR for of H	723	saw the dec	eased alive an	Februa The bod	ary 6	19 87	, and that	in (my) (🗪) apinior	n death occi	urred on the c	late and ha	our and h	am the c	auses stated
the host toched toched be Dept If Item	<	-278. SHOW TORE	AL		/	0	DEGREE					22	c. DATE S	IGNED
	3.4	1	+10,	may	ronce	a 11	200	ATTENDING PHYSICIAN	MEDIC DIRECT	OR PHYSI	FF CIAN [M	arch	4,1987
HOSPITA		224 PHYSICIAN'S	SNAME ITYPE	OR PRINT)		1000	22e A	DDRESS						
O HOS repred O FUN With the		Raymon	d J. Ter	rafran	ca,MD		#8-	Barney Ci	rcle,	SE, Was	hingt	on, D	C 20	003
0 a 0 a M	23a B	URIAL, CREMATIC	ON, REMOVAL	23h. DATE		23c. NAME (F CEMETER	RY OR CREMATORY		OCATION				
BP	C	remation		March	5,1987	Lee's	Crem	atory	Was	hingto	n,Dis	stric	t of	Columb
DHMH - 16 50M 4/83		INERAL DIRECTO							ATE REC'D. E	BY REGISTRAF	25b. REGIS	STRAR'S	SIGNATU	IRE
(VRA 15, 4)	J.V	m.Lee's	Sons C	0.300-4	th St.	, NE, Was	sh.,DO	20002	A		- 0	10000		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN . DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-10P 3 AMES 22 1087 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR PRONOUNCED 10 PM 108 45 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED URGES 120 USUAL OCCUPATION (TYPE OF WORK TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 20708 le STATE 13d INSIDE CITY LIMITS? CHERRY 14 FATHER'S NAME FIRST (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY MYOCARDIAI IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which RIOSCLONORE CARDIOVASCEXAR DISTAGE gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Nove YES [] MENT TO BUR 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) E 3 SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING OR NON CONTRIBUTING CAUSE OF DEATH P.M. 211. LOCATION 218 PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE TO ME. PECUTE THE CO. PE PAGE 4 SHOULD BE PAGE 4 SHOULD BE PAGE 4 SHOULD BE PAGE 4 SHOULD BE PAGE 10 S Inspection 22s I certify that I took charge of the remains described above, held on Autapsy Inquiry and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined monner Suicide DATE 3-22-87 EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 236 DATE REMOVAL Chester, S. Carolina 3-25-87 King Funeral Home MAR 27 1007 07/B4 BP 25M 24 FUNERAL DIRECTOR Rockville, MD 20850 **DHMH - 17** George R. Snowden (VR A15 ME (5))



147600 100	1.	FOR - STATE REGISTRAR		DEPARTN	ENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	BIENE B / REG. NO.	8 9 7 6
deoth Cay be		CEASED NAME FIRST THO!	NAS	MIDDLE		RTIS	2ª DATE OF DEATH MONTH	16 /87 4:07 AM
ge 4 may sctor. pos	3. SE	- 1 /- 1	A. RACE Black		5 DATE O	DAY YEAR 3 /108	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
eath. Pag		IRTHPLACE ISTATE OR FOREIGN COUNTRY) Marvland		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
rs ofter de by the full with filled with	10. C	ITY OR TOWN OF DEATH	11. NAME OF	chern Mai	G HOME CO	or other institution and Hospital	Prince Geod 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L Retired	12b, KIND OF BUSINESS OR
LAND 21:	1		ROTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Clinton		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COD 5922 Woodla	nd Lane 35
E, MARY	1	ATHER'S NAME FIRST Edward WAS DECEASED EVER IN U.S. A	MIDDLE	Curtis	DITY NO	15. MOTHER'S MAIDEN NA Bertha 17. INFORMANT	ME MIDDLE ADDRESS	Holley
BALTIMORE, set be executed by sicion and compers. Pages and it, the medical		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	213 03	463		a Curtis-daug	hter-5922 Wood
ST.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (a)	OR AS A CONSEQUE	reag	seratory (land Lane, Cl.	HINDING AND DEATH
es that traumatic v. ar attler traumatic		Conditions, if any, which gave rise to immediate cause Ial, stating the underlying couse lost.	(b)_	D for BR AS A CONSEQUE	NCE OF	Heart	facture	
	NOL	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATHBUT	NOT RELATED TO THE TERM	AMAL DISEASE OR CONDITION GI	VEN IN PART 110
TAL RECC	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATIO		YES NO YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
SICIAN: ng phys certifica unal-transferord Hy ltem 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY I.M. MONTH DA I.M.	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION ING PHY In after this t as the builth and M norked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, FA	RM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND OR ATTEND he hospital of DIRECTOR: ached for use Dept of Hee		220. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE				d that in (my) (our) opinion of DEGREE ATTENDING	death occurred on the date and hou	19 that (I) (we) lost or and from the couses stated
TO HOSPITAL etained by if TO FUNERAL should be det with the State MAPORTANT:		22d. PHYSICIAN'S NAME (TYPE	J, Le	UMIN	7 //	PHYSICIAN E	Solrector PHYSICIAN [20746
BP	23a I	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Marcl		AME OF C	EMETERY OR CREMATORY t. Carmel C	emetery Uppe:	r Marlbord, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral directo tewart F/ er	al Home	Leurastie	1		E REC'D. BY REGISTRAR 256 REGIS	RAPESICA A PROPERTY



Devideon Randage

(VRA 15. 4)

STATE OF MARYLAND

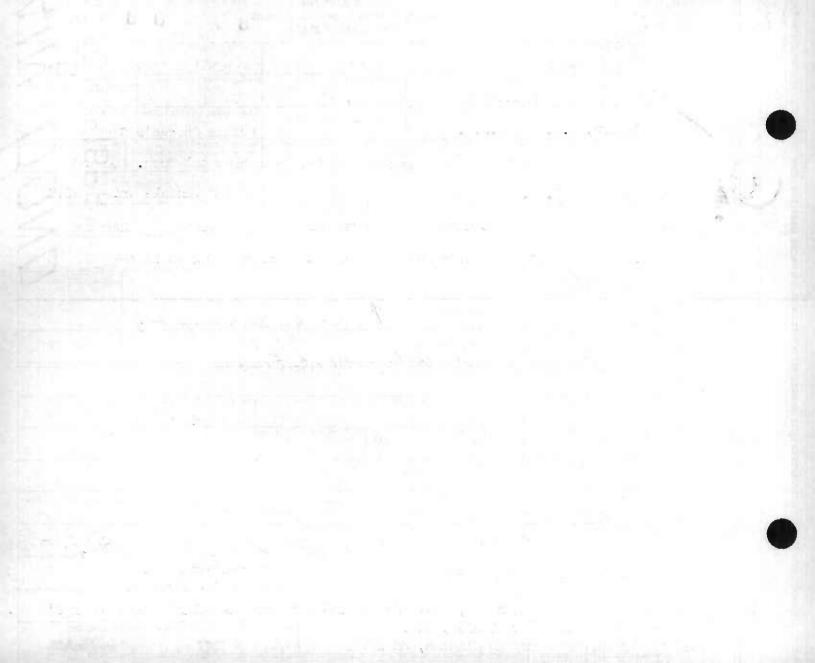
Compared to the state of the st Parent & reboth month and emergence for a series and F8-17-5 BASS ON SUN THE PROPERTY.

			200	a22a.	., G-	626, b	y Med	MENT OF		ARYLAN		CIENE				1 0	
		1-	STATE EX.	4/7/8	7			EXAMIN				1.10	1	0 8	3 1	10	
1 1.7 6	2.1 1148		REGISTRAR	FIRST		MEL	MIDDLE	NAMIN	EK 3 C	EKTIFIC	ATEO	-		REG. NO.		244 9442 6	
1.044.03			OR PRINT)	0.								20	Ur	NOWN X	MONTH	DAY YEAR 2	b. HOUR
	A SASSE		14	Sara	la la		zabet		Darn				DEATH A	AATED []	3/]	L5/19 87	M
	조건 등 경우	J. SEX			MON		YEAR	6. AGE (IN YE.			HOURS		DATE	ED	WOININ	DAT TEAK	7 P M
	SEST SESTINATION OF THE PERSON			Caucas	ian	4/14/	81	5 YF	RS.				DEAD				PM
-	SET SETS		RTHPLACE (STA	TE OR		TIZEN OF WH	IAT COUN	TRY?	8 MARRIE	ED NEV	ER MARRIE	D.A.		RE CITY OR	-		
•	235E2		ryland			ISA.			WIDOW	ED 🗆	DIVORCE	D 🗆				County,	7710
-	表表の日本	D, CI	TY OR TOWN O	F DEATH	/ IE	NOT IN SUCH FAC	HITY GIVE ST	PEET ADDRESS!				12a. USUA	L OCCUPA	TION (TYPE	OF WORK 12b	OR INDUSTRY	VESS
	ADA HO	1	Laure		Gre	eater I	aure.	1/Belts		e Hosp	pital		Stud			Schoo	1
=	OSE SAN	USU A	L RESIDENCE ()		AE OR OTHER	INSTITUTION, GIV		OR TOWN		13d. INSIDE CIT	ry LIMITCO I	12. STDEE	T ADDRES	c			
212	る金融を行		ryland	1.54	ward	1		urel		YES -	NOX	841	2 Sh	ears	Cour	t 20%	0/
18	TANKE 1		THER'S NAME		MIDDL				100	15. MOTHER			MID				
9.XH	最高記述	V F	Ronald		Aar			arnel	1	M	arv		MID	DLE	7	alleni	ck
7310	BOSTO O	16s. V	AS DECEASED	EVER IN U.S.				IAL SECURIT		17 INFORM	ANIT	- 2410 0	11	ADDRESS			
7-5	SSER	(11	s, no, or unknow no		/a	DATES)		none	9	8412	She	arne	C+	Laure	-1 MT	2070	7
/ 2	SOES			DEATH (Enter		ause per line	for (o) (b)			0111	D1100	u_U	00.	Daar	1	APPROXIMATE IN	TERVAL
151	N S S S S S S S S S S S S S S S S S S S		PARTIDEA	THI WALAC CALL	CED BY	SE (o) Dro			10ati	ina Se	171170	Disc	order			BETWEEN ONSET A	ND DEATH
0	MEDERS A	1	910	4 IMMED	IATE CAU	DUE TO, OR				ing oc	1 27 04 1. 0	D4.00	21.001				
53	EAT NSI			, if ony, whi											133		
У.	NA ANGENCE			to immedia tating the und	4	(b) DUE TO, OR	AS A CON	SECUENCE (ne ne	of .		-					
201	A A A A A A A A A A A A A A A A A A A		lying couse	e last.				ordor, cr (01								
	AND AND ATTO		PART 2 OTHER SIGN	HEICANT CONDITIO	INS CONTRIB	ITING TO DEATH I	HIT NOT BELA	TEN TO THE TENH	INAL DICEACE	OR COMOUTION	CHEN IN A LAY						
RECORDS	HOULD BE EXECUTED WITHIN 28 RD "PENDING" IN PENCIL INTERPREDICAL EXAMINER AD HET MEDICAL EXAMINER A HET AND MENTAL HYGO HEALTH AND MENTAL HYGO HEALTH CREMATION, OR REMOVE	z				TING TO GENTIL	OT NOT KEEK	ILO TO THE TERM	MAC DISCASE	OK CONDITION	SITEN IN PARI	1 101.					
REC	A A A A A A A A A A A A A A A A A A A	CERTIFICATION	19a. DATE OF C	PERATION		19b. CONDIT	ION FOR V	WHICH OPER	ATION W	AS PEREORA	AFD2			-		20 AUTOPSY?	
₹	HOUT WE WANTED	FIC				174. CO.1011		THE TOTAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO FERT ONLY							
DIVISION OF VITAL	WRITING THE WORD WARDED TO THE CHARGE 3 SHOULD BE US A TAGE 3 SHOULD BE US A TAGE 3 SHOULD BE US A TAGE 10 SHORT TO BURNEN TO	E E	210 EXTERNAL	CAUSE WAS		21b. TIME OF	INTURY	1	121/ HC	W INJURY (OCCUPPED	- ENITED N/A	THRE OF INTELLE	DV IN ITE 4 10 D 4	D 1 00 0 4 0 1 7 0		10 0
Ō	SHESKEY		UNDERLYING	Korrin	nary	HOUR A.M.		DAY YEAR									
S	PAR SHOOM	MEDICAL	CONTRIBUTION	CURRED	OF DEATH	? P.M.	E IN ILIRY	15 1987	211. LOC		ad se	1.Zure	wn1.	re pat	ning	in bath	tup.
<u>×</u>	S S S S S S S S S S S S S S S S S S S	ME	WHILE AT WORK	NOT WHILE	R	STREET, FACT	ORY, FARM, E1		SI	REET			CITY OR TOWN		COUNT		STATE
_	E, WRII RWARD PAGE STATE STATE	-	AT WORK	AT WORK		home	9		841		ars C	ourt,	Laur	cel, H	loward	Co., 1	1d.
	MANNER: TIFICATE, BE FORV ECTOR: IN TH THE SI		22a I certify	that I toak cho	arge al the	remains desc	ribed aba	ve, held an	Autops	y X	Inspection		Inquiry	, and	ın my apıni	on	
	NAN HERE		deoth resulted	lrom: No	turol cous		Accident	, Su	icide .	Hamici	de .	Undeter	mined man	ner .			
	2 HOWEN		ACTIVAL		X		h/			TITLE (SP	ECIFY)						
	A HE HALL		ACTUAL SIGNATURE		/	1/	, ,		M.	D. ASS	istant	MEDIC	AL EXAMI	NER	DATE SIGNED	3/16/8	7
	NEW SEA		EXAMINER'S N	AME	1	V	1.0										
	TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BAUTIMORE, W		(TYPE OR PRIN	T) <u>G</u>		y R. K						Pen	n St.				
		23a.Bl	JRIAL, CREMATI	ON, REMOVA			1.00	IAME OF CEA				23d. LOC CITY OR	TOWN		COUNTY	STATE	
07/84	BP528		cematic			7/87	Ba	1to/W	Vash						PG	MD	
25M	DHMH - 17	2F	NERAL DIRECT	inera1	Hom	ne Amo					Se. DATE RE	C'D. BY R	EGISTRAR	25b. REGIST	TRAR'S SIGI	VATURE	
	(VR A15 ME (5))	76	O1 Sar	dy Sr	rinc	Rd I	aure	DM L	2070	77	MAAD	171	007	11.0	po 8		

Old Alexander Ferry Rd Clinton, Md 20735

DHMH - 16 60M 7/B4

(VRA 15, 4) 66



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TIPPE OR PRINTI W. Doris DAVIES March 31, 1987 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Female Caucasian December 15 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYS New York WIDOWEDER DIVORCED [Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bowie Crosswick Turn Teacher USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Pr.George's Bowie 4232 Crosswick Turn NO T 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Arthur Watson Brooks Bertha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 4232 Crosswick Turn 220-56-4286 Russell E. Davies Bowie. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Vascula desesse DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last AL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO I 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY OFFICE FARM ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE 774.1 certify that (1) (this haspitul) attended the deceased from saw the deceased alive as 2170 above. (1) the 1000 (did not) view the body after death , and that in (my) (vor) apinian death accurred an the date and haur and fram the causes stated 77% SIGNATIONS GREE 22c. DATE SIGNI ATTENDING MEDICAL PHYSICIAN THE DIRECTOR PHYSICIAN 724 PHYSICIAN'S NAME INVESTMENT 27# ADDRESS 3231 Superior Lane Dr. Leonard P. Appel, M. Bowie. MD 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial Lakemont Memorial Gdns Davidsonville, Anne Arundel, MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 16000 Annapolis Road DHMH - 16 60M 7/84 ha Devidern-Kandalle Funeral Bowie, MD 20715-3043

(VRA 15, 4)

STATE OF MARYLAND

4/10

50'08 UH , abyot and talks, at 150'05.

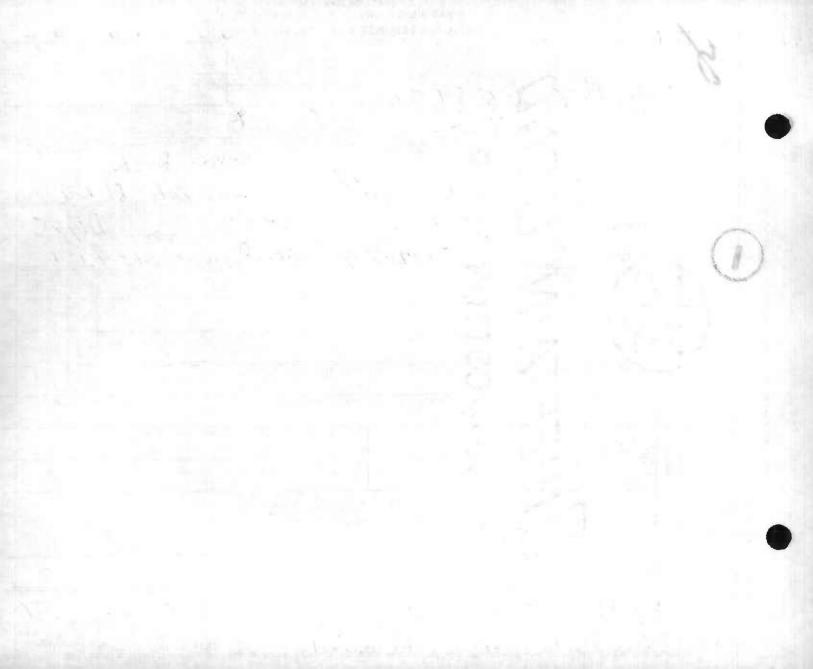
10000 AL 20/05 - 003

aci lexurul Ma

47878 MAR	72	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE 8 REG. NO. 0	8 9 8 1			
		CEASED NAME FIRST	WIDDLE	LASI		AY YEAR 26 HOUR			
may be . page 3 ter death	(TYP)	DAMAR I	S K.	DAYS	03 15 87 7PM				
a pool	3 SE	X	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS			
ige 4 m		Female	Black	9-23-64 YEAR	22 YRS **	ONTHS DAYS HOURS MIN.			
Poor dire	1a 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH			
nerol n 72	1	D.C.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES O	COUNTY			
with with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR			
rs of	1	CHEVERLY	PRINCE GEORGES		Asst. Mgr.	Clothing Sto			
filled in Gold be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE Md. Prin		N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	Landover Rd.			
MARYL ed withir ond 2 st	M. F	ATHER'S NAME FIRST Alvin Da	ys, Jr.	15 MOTHER'S MAIDEN NA FIRST Amanda	Marshall	LAST			
BALTIMORE, of the execut victor and co ppers. Poges. 1 vol. t, the madicale		VAS DECEASED EVER IN U.S. AR		PRITY NO. 17 INFORMANT	ys -6526 Lando	neverly,Md. verRd.			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA NG His addition of the month of the death certificate ost the control of the prior to been signed by the attending physic ost the prior to burial, cremation, ar removal though when the prior to burial, cremation, ar removal orked of nem 18 shows any injury, ar other traumatic event, to	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH	ENCE OF LUPUS ENCE OF LUPUS ENCE OF JOURNAL, CET DEATH BUT NOT RELATED TO THE TERM PUT FOR OPERATION WAS PERFORMED [21c HOW INJURY OCCUR	200 AUTOPSY? 200. IF YES.	WERE FINDINGS USED NO NO			
R ATTENDI hospitol or IRECTOR. A hed for use ept of Heol	MEDICAL			19 211. LOCATION STREET N/A	CITY OR TOWN 10 3 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	that (I) (we) lost and from the causes stated			
TO HOSPITAL O retorned by the TO FUNERAL DI should be detach with the Store De MAPORTANT: If H		DANIEL OB	DIPPRINI) LLITAS M.D.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN X AL Dr. CHOVETO	3/6/87			
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CAY OR TOWN	COUNTY STATE			
BP		UNERAL DIRECTOR	3-21-87 1	ome Beneficial		orcester . Md.			
DHMH - 16 60M 7/84 (VRA 15, 4)		Keith E. S. U	Tharton Acco		DO 0 1007 18.0 A	corder Pendale			



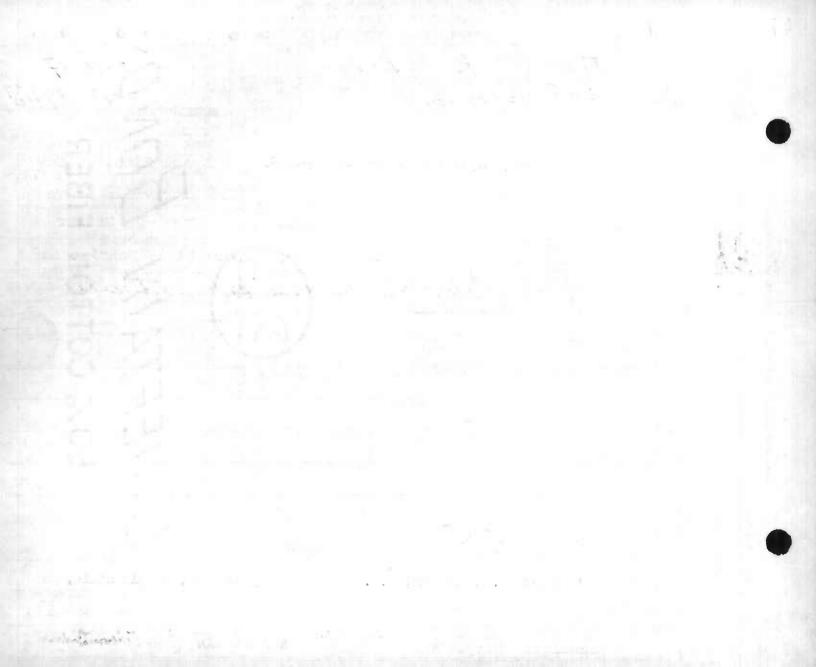
1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	- STATE AMEDICAL EVALUATION CONTROL OF DEATH	
PRODUCT AND A		IOUR
	(TYPE OR PRINT)	OUR
6/	Arnell Charles Diggs DEATH MATED 3/16/1987 SEX A TRACE S. DATE OF BIRTH 6 AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE MONTH DAY YEAR 24 HRS 100 DATE.	M
1	DAY YEAR LAST BIRTHDAY MONTHS DAYS BOURS I MIN PRONOUNCED	10UR 45
ء ا		M
1 10	FOREIGN COUNTRY) MARRIED LI NEVER MARRIED	
10	WIDOWED DIVORCED Prince George's County, OCITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINES	MD
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF ORMOST OF WORKING UFE) OR INDUSTRY	15
	eat Pleasant 5601 George Palmer Highway Cullection Agent	
	SUAL RESIDENCE (IF IN NURS IN PROMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS.)	TI
1	Washington YES NO DOY Dates St. NU	
71-	FIRST MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE LAST	
11	James Steveson Delokes Diggs	
160	10 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
) L	7NO. 1 1972-3279 Delokes Diggs. 207 Baks St. N. U.	_
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DI	EATH
	IMMEDIATE CAUSE (a) Multiple Gunshot Wounds	
	DUE TO, OR AS A CONSEQUENCE OF	
88	Canditions, if any, which gave rise to immediate (b)	-
10	cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
4	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (0).	
1 8	T90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES Y NO 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY LOUIR A.M. MONTH, DAY, YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
13	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?	
11	YES TY NO	
/ 3	5 CONTRIBUTING ☐ CAUSE OF DEATH ? P.M. 3/16/ 19 87 subject shot	
1 5	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY ST	TATE
	WHILE AT WORK AT WORK Gas station at 5601 George Palmer Highway, St. Pleasant, Pr.	.Ge
	22e I certify that I took charge of the remains described above, held an Autopsy XI. Inspection . Inquiry . and in my opinion	Md.
	death resulted from: Natural causes Accident A. Suicide . Hamicide . Undetermined manner .	
	TITLE (SPECIFY)	
	SIGNATURE	
2		
d	(TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St.	
230	10. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY STATE	
	BuriAL. 3-2187 Harmone, Landover RG. nd.	4
24	4 FUNERAL DIRECTOR Washing Low /2) (250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
	Johnson & Senkins 7/6 Kennely St. W. W. 2001/ MAR 1 8 1987 Mice Divideon Renders	
-		=



0466061	1 - STATE REGISTRAR	DEPAR	IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 FEG. NO. O	8 9 8 3			
noy be poge 3	1. DECEASED NAME FIRST (TYPE OR PRINT) GLORI	A J.	DOBY	20. DATE OF DEATH MONTH	04 87 2 10PM			
offer,	Female	Black	5. DATE OF BIRTH MONTH DAY YEAR Sept. 10 1942		IF UNDER 1 YEAR IF UNDER 24 HRS			
deoth Page uneral direc	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Carolina	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES COUNTY				
by the filled with	10 CITY OR TOWN OF DEATH CHEVEPLY	12b. KIND OF BUSINESS OR INDUSTRY Government						
be be	13 Maryland	DR OTHER INSTITUTION GIVE RESIDENCE BEFO HATY ISC. CITY OR TO Glen Ard	en YES NO	13e STREET ADDRESS / ZIP COD 1504 2nd Street	20785			
ompletely filled of a should be shou	14. FATHER'S NAME FIRST GEORGE		15. MOTHER'S MAIDEN N FIRST Son Sr Bertha	WIODFE	Brown			
be executed on ond or s. Poges		IVE WAR OR DATES!		1504 2nd Street Glen Arden, Md 20	785			
TED TED TOTAL TOTA		only one couse per line for (a), (b), one ED BY: ATE CAUSE (a) Bra	ind (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
FILON	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQ	harid Hemorrhege		24 Hrs			
thot d by eose of, cr	couse (0), stating the underlying couse last	DUE TO, OR AS A CONSEQ	el Angulysm fo	Ture	48 Hbs.			
XAMINIS on requires been signed prior to burning.		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	S, WERE FINDINGS USED			
ws ene	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING			IN CERT	ES NO			
SICIA BICIA Centifi Ce	OR CONTRIBUTING CAUSE OF OIL CIFETIMER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 216 LOCATION	(ENTER NATURE OF INJURY IN HEM 18	PART I OR PART 2}			
MEI NE PHY or offer this e os the bus of the	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC) STREET	to Metch H	COUNTY STATE			
Spirol CTOR: I for us of He	saw the deceased alive a		F13	n death occurred an the date and ho	ur and from the causes stated			
HOSPITAL OR A ned by the ho lost the hold be detached the State Dept the state De	22d. PHYSICIAN'S NAME (TYPE	Chuls OR PRINT)	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	March 4, 1987			
TO HOSPITAL cetoined by the TO FUNERAL should be detained limportant:	Benjamin 230 BURIAL, CREMATION, REMOVA	Slivko	Prince Geor	123d LOCATION	Center			
BP	(SPECIFY) Burial	Mar. 8, 1987	Church Cemetery		arnwell S.CALE			
DHMH - 16 60M 7/84 (VRA 15, 4)	J.B. Jenkins FH 7	474 Landover, Rd. 20	M//	AR 1 0 1987	Tierdon-Radalli			



STATE OF MARYLAND 11.7926 MAR 10-STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECEASED NAME 20 DATE KNOWN TTYPE OR PRINTS OF ESTI-Francis DEATH MATED IF UNDER 24 HRS DATE 52 ype RONOUNCED -34 DEAD O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA Prince George's 10 CITY OR TOWN OF DEATH Suitland 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Mgr Space Alte. ow USAF Medical Couts USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 8210 Ritchville Drive Forestville Maryland Pr George 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Thomas Delta Fraser Doran, Jr ADDRES BOWIE Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Korean GIVE WAR OR DATES Kenneth K Doran 1319 Patriat Lane 578 44 0185 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c). mlerotee dardioviescular dise PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION ARTING IT...
ARDED TO THE CHIEF...
AGE 3 SHOULD BE USED A
AGE TO FREA
AGE TO THE CHIEF...
AMOUNT TO BURIAL O 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 218 PLACE OF INJURY (AT HOME 21E LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE COUNTY STATE WHILE AT WORK PACE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR.
AFTER DEATH, WITH THE ST 220. I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted fram: Natural couses Suicide Hamicide ___ Undetermined manner MEDICAL EXAMINER 5009 Rayburn Ct , Temple Hills, MD EXAMINER'S NAME (Augusto P. Rodriguez, M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE Parrisboro N. S. Bom 150 21Mar1987 St George Cemetery Burial 07/84 25M 14 FUNERAL DIRECT Robert E Wilhelm Funeral Home 250 REGISTRAR'S SIGNA **DHMH - 17** Suitland Maryland (VR A15 ME (5))



2		ا . ا	FOR Mad						RTME			AARYLAN I AND M		IYGIEN	F						
01.1.	000 550		STATE Med	Gb;	Ex.,	3/0	M					CERTIFIC				DEC	64.6	8	4	8	5
0 4 4	9 9 7 1 18	LDE	CEASED NAME OR PRINT)		FIRST			MIDDL				LAST			2a DATE	E KNOWI		HINOM	DAY	YEAR	26 HOUR
	ET S.S. S.S.	100	e OR PRINTI	I	MARGUE	ERIT	E	Е				REW			OF	ESTI- H MATED		2	20	1987	M
	FIED FCTO FCTO HOU STREE	3. SEX	(4 RAC	E	S. DAT	E OF BIRTI		AR 6 A	AGE (IN YEA	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DA	TE	M	HTMON	DAY	YEAR	2d HOUR
14.73	S NEGESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DOWITHIN 72 HOURS	Fe	emale	Cau	casian		y 1,	1941	. 1	45 YF	Morti	HS DATS	HOURS	MIN.	DEA			2	20	1987	3;22 A M
	SEST Y ALL		RTHPLACE IS	TATE OR		76 CIT	IZEN OF V	WHAT CO	DUNTRY	?	MARR	IED NE	VER MARR	IED 🗆	9. BALTI	IMORE CI	TYORG	COUNT	DUNTY OF DEATH		
	SAN		assachu				USA					VED 🗆	DIVORC		Pr	ince	Geo	rge	e's County ME		
1	こずの当る	10 CI	TY OR TOWN	OF DE	ATH		ME OF HO				, OR OTH	ER INSTITU	TION	12a USL	JAL OCC	UPATION	TYPE OF	WORK		ND OF BUS	
8	ANY DELAY AND 3 TO TI RETAIN PA HOULD BE FI		anham				octor							H	omem	aker			own	hom	e
21201	IF ANY D 2, AND 3 3. RETAIN SHOULD AL RECORD	13a S	L RESIDENCE TATE	TIE IN NO	136 COUN		NSTITUTION,	13c. C	CITY OR	TOWN	ON)	13d INSIDE C	ITY LIMITS?	13e STR							310
	SHOEL AND SHOPE		Marylan		Pr. G	eor	ge's	E	owi	e		YES XX				Kensi	ngto	on I	Lane	20	715
. MD.	H-1808/	14, F/	FIRST			MIDDLE			LAST			15. MOTHE	R'S MAIDE	NNAME		MIDDLE				LAST	
ORE	DEATH OF WAND	14 a V	Thomas			sep				MSON	110	Rhe				anche		, A	Ste	Mari	e
BALTIMORE,	A SA SA A	(Y	ES, NO. OR UNKNO	OWN)	(IF YES, GIVE	WARORD	ATES)							~	1	2403	Ken	sin	gtor	n Lan	e
	B. GIVI		NO 18 CAUSE C	VE DEAT			**		-	0-77	11	Raymo	na M.	Dre	WE	Bowie	Ma	ryl	and	207	15
ST.	A 18. MIT.	59	PART I DI	EATH W	TH (Enter onl /AS CAUSED														BETW	PROXIMATE VEEN ONSET	AND DEATH
NO NO	N 24 HOUN ITEM 18 ALONG V IT PERMIT YGIENE, I		1111	7	IMMEDIAT		DUE TO, C				76	GROVING O							-		
RES	NA SINA				ony, which	1.	502 10, 0	M AD A C	.011320	POLITCE	,										
× .	ENG NEW	1			immediate the under-	1	(b) OUE TO, C	R AS A C	ONSEG	DUENCEC)F								+		
201	BESERVE	V	lying cau	use last.			(e)														
DS.	A B B S G S G S G S G S G S G S G S G S G		PART 2 DTHER S	IGNIFICAN	IT CONDITIONS	CONTRIBUT	TING TO DEAT	H BUT NOT	RELATED T	O THE TERM	NAL DISEAS	E DR CONDITIO	N GIVEN IN PA	RT 1 101				_	1_		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	NE SAN SEE	NO	ALC: N					0.0													
7	SEEDEN T	CATION	19a. DATE OF	OPERA	ATION		196. CONE	OITION FO	OR WHI	CH OPER	W NOITA	AS PERFOR	MED?						20 A	UTOPSY?	
VII.	288 2003 /	-										10.01							Y	ES 💭	NO 🗆
Ö	ERTIFICATE SHOULD FE THE WORD PE TO THE WORD PE SHOULD BE USED DEPARTMENT OF HE PRIOR TO BURRIAL OF HE PRIOR TO BU	CERT	UNDERLYING				HOUR A.			Y YEAR	21c H	YAULNI WC	OCCURRE	D LENTER P	NATURE OF	INJURY IN ITE	M 18 PART	1 OR PAR	1 2)		
ON O	CERTIFICA RITING THE RDED TO THE E 3 SHOUL E DEPARTA	MEDICAL	CONTRIBUTI	NG U	CAUSE OF D	DEATH		м. 2		198		bject	t cor	nsum	ed .	alco	hol				
IVIS	RITINA RETINA REDED SE 3 SI ZOI PR	MED	21d. INJURY O	DCCURI	WHILE		21e PLACE STREET, FA	CTORY, FAR		T HOME,		CATION			CITY OR T	IOWN		COU	Mai	ryla	n d STATE
	A A A A A A A	m.	WHILE AT WORK	ATW	ORK LX	,		hom	е		12	403 1	Kess	ingt	on .	Ln.	Bow			r. G	
	NO. NO.		22a I certi	fy that	I took charg	e af the	remoins d	escribed o	obove, h	neld an	Autop	sy X.	Inspection	n .	Inquir	у 🔲,	ond in	my opi	inion		
	BE THE	1	death result	ed fram	n: Natur	al caus	الغارة	Accide	ent	. Su	cide 🗌	, Hamic	ide .	Undete	ermined i	manner [].				
	AA WAR		ACTUAL			X	1	161	/			TITLE (S						DATE			
	SHAN SHAN	1	SIGNATURE,	-		60		-	V		M	<u>Assi</u>	stant.	MEDI	CALEXA	MINER		DATE	2-	-21-8	7
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME NT)	Grec	gory	R. F	Kauff	man	, M.I).	ADDRESS	111 P	enn :	St.,	Balt	.0.,	MD	21	1201	
	PACTO AFT	23a.B	JRIAL, CREMA									R CREMATO			CATION						
07/84	BP504	I	Removal	/Bu	rial F	EB	26,19	87 IN	otre	e Dan	ne Ce	meter		CITY	OR TOWN	iver,	Rm	coun		MASS	TE
25M		24 Ft	JNERAL DIREC	TOR	with	The	160	000 A	nnaı	polis	Roa	d	250. DATE R	REC'D. BY	REGISTR	RAR 256 R	EGISTR	AR'S SI	GNATU	JRE	
	(VR A15 ME (5))	Bea	III Fun	era.	1 Home	-	Bow	rie.	MD	2071	5-30	113		0 8 4	007	16	- 1-	- 100	- B	and a graph of	

. /	1	500	STATE OF MARYLAND	
to	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEG () 8	986
~	1 DE	REGISTRAR CEASED NAME FIRST	REG. IVO.	, , ,
47309 MAR 17		E OR PRINT)	OF ESTI	DAY YEAR 25 HOUR
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3. SE			2-87 ₁₉ M
SISTER SERVICE STREET			MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR ZEITPUR
TO NO	1	ale. White.		2-8719 10:30
DELAY IS NECESSARY, PLEASED 310 THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES, D BE FILED, WITHIN 72 HOURS. RDS, 201 W. PRESTON STREEF,	1 WG	signification D.	76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED S BALTIMORE CITY OR COUNTRY.	Y OF DEATH
S S S S S S S S S S S S S S S S S S S	V		widowed Divorced Prince George':	
A SHEER Y	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 178. USUAL OC CUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
A SA PASS	1	Cheverly	Prince george's Co. Hospital FOR MOST OF WORKING LIFE) Roofer.	
SOI DELA TAIN PA		AL RESIDENCE (IF IN N GHOME O	IR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) TY. 13c. CITY OR TOWN 13d INSIDE (11Y LIMITS? 13e, STREET ADDRESS	20707
4 4 4 6 4		ryland. How	Vard Laurel YES NO 0] F. Rlues A	lov
The state of	14. F.	ATHER'S NAME FIRST	MIDDLE LAST SMAIDEN NAME MIDDLE	LAST
	1_	James	Duckworth Hester Kidd.	
SALTIMO S. AFTER GIVE PA ITH FOR PAGES I	16a, \	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMS LSter) SILVER Spre	. Md
BALT B. GIVE WITH F DIVISION	4	No.	AED FORCES? WARDOR DATES) 106. SOCIAL SECURITY NO. 17 INFORM ST Ster) SILVER'S SOTE Mary E. Yates. 4302 Garr	ett Park Rd
: 5° × 1.0		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HOI CIL IN ITEM 1 VER ALONG ANNIT PERMI AL HYGIENE, REMOVAL.	17		E CAUSE (0) HEAD INJURIES	
IN 2 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1	r	00/	DUE TO, OR AS A CONSEQUENCE OF	
NER ZANE		Conditions, if any, which gave rise to immediate	(b)	
201 W. PRE UTED WITH! IN PENCIL! ISA TRANS ISA TRANS O MENTAL P		couse (a) stating the <u>under-</u> lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	J.O. Halland
S EXAM			(e)	the shall see
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "FENDING" IN F RED TO THE CHIEF MEDICAL EXA E3 SHOULD BE USED SA & BURRAL E DEPARTMENT OF HEALTH AND M SOI PRIOR TO BURIAL, CREMATION	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
LL RECORDS VUD BE EXE VPENDING EF MEDICAL SED AS A BLI FEATTH AP AL, CREMAI	CERTIFICATION			
AL, HE	13	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
F VITAL I WORD "F HE CHIEF O BE USED ENT OF HI] E			YES X NO
CERTIFICATE SHOULD TITING THE WORD "PE DED TO THE CHIEF A DED ARRANGENT OF HELP DEPARTMENT OF HELP OF PRIOR TO BURIAL, OF		210 EXTERNAL CAUSE WAS	HOUR AM MONTH DAT YEAR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)
ON STATE OF THE ST	MEDICAL	CONTRIBUTING CAUSE OF D	District Sold of the local fort fort fort	
PER JEEP TAIS	S S	21d. INJURY OCCURRED WHILE TO NOT WHILE	218 PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	UNITY STATE
DIVISION OF MANER: THIS CERTIFICATI TIFICATE, WRITING THE V BE FORWARDED TO THE ECTOR: PAGE 3 SHOULD HITHE: PAGE 3 SHOULD THAND, 21201 PRIOR TO		AT WORK AT WORK		orge's Co., Md.
ATE, T		22a I certify that I took charge	e of the remains described above, held an Autopsy XI. Inspection . Inquiry . ond in my op	union
EXAMINER: CERTIFICATI ULD BE FOR I, WITH THE MARYBAND	0	death resulted fram: Nature	al causes . Accident . Suicide . Homicide . Undetermined manner .	
A WIT BE		111	TITLE (SPECIFY)	
A HALLE	1	ACTUAL SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNE	_D 3-13-87
NEW SET TELL	1	EXAMINER'S NAME		
TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNEAL DIRECT TO FUNEAL DIRECT BAUTIMORE, MARTE		(TYPE OR PRINT)	Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
5 <u>8</u> 4548	23a B	JRIAL, CREMATION, REMOVAL 2	pate 16, 1987 Ft. Lincoln, Bladensburg Rd. Pu	TY O O STATE BE 2
07 /B4 BP	1	Burial.		
DHMH - 17	V	ARA DIRECTO	Takoma Funeral Home Ind MAR 16 1987 RAR 12 TECHEN	C.K. Maries
(VR A15 ME (5))	X	Keyer Mayer	254 Carroll St. N. W. D. ONAN 10 1000	
/		1		

and a real forms with sell some . It was

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN uKson ESTI-EWENS DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE ASI BIRTHDAY PRONOUNCED -10 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Greece Prince George's O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LITYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Clinton Southern Maryland Hospital Center Ret. Government Fed. Gov't. USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REPORT ADMISSIONI 13a STATE 13c. CITY OR TOWN 113h COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 20772 Prince George Upper Marlboro 9809 Rosarvville Road Maryland YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDOLE Balerma Gerassimos Doukatas Poulheria 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS 5/15/43 11/24/4579-74-9168 Josiane J. Dukson asitem 13 same ves 18. CAUSE OF DEATH (Enter only one couse perfine for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY whensen arteus prester and svascules disease IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | ARTMENT IOR TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d, INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK WHILE COUNTY STATE PAGE 4 SHOULD BY TO FUNERAL DIRECTOR: PAGE BOATH, WITH THE STRAIN ARTHORY, AMEN'S RALL THORY AND A SHOULD BY THE STRAIN AND A SHO 22a I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted fram. Natural causes Suicide Homicide Undetermined monner Deputy MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 3/11/87 Md. Veteran Cemetery P.G. Md. Cheltenham 07/84 25AA 24 FUNERAL DIRECTOR 750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. (VR A15 ME (5))

Trans Making 3-5 37 Bushan warms have being

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN X (TYPE OR PRINT) OF ESTI-3/8 Esther Dunkley 1987 4 RACE AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 8:30 June 19, 1908 78 1987 Female 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Penn. Prince George's County WIDOWED [DIVORCED 7808 Wildwood Drive Gas Co. Clerical Takoma Park 13a. STATE 186. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 7808 Wildwood Drive Prince George's Takoma Park YES X Maryland NO [15. MOTHER'S MAIDEN NAME MIDDLE Annie Dunkley Valentine 17 INPORDANT Box 37 Tal4DDRT mbers, Md. N/A Norman Kraft (Nephew) 577 07 7393 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which chronic myocardial disease. gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID None 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULE E DEPARTMENT C None YES -NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (ATHOME. 211 LOCATION PAGE 4 SHOULD BE FLANKED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE X 22a. I certify that I took charge of the remains described above, held an and in my apinian Natural causes TITLE (SPECIFY) ACTUAL 3/9/87 Deputy SIGNATURE 1919 Seminary Road John S. Rogers, ADDRESSSilver Spring, Montgomery County, MD 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 3/11/87 Buria1 Md. Suitland PG07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 17 Himes/Rinaldi 11800 New Hamp. Ave. S. S. Md (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 2b HOUR nvall (TYPE OR PRINT) -ula M 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYL IE UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR white 05 TO. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West" Virginia U.S.A. Prince Georges County WIDOWEDX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Marivate Silver Spring HOLY SUCH SENTING BILLY (TYPHO TYPHE FOR MEST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20705 13 COUNTY 13. STRIET ADDREST & FIB GODAVE. 13 Bettes WYYle 13d, INSIDE CITY LIMITS? NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE EIRST Charles William Ellison Maude Johnson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT Helen Jenkins3133 Falston Ave. Blts. 220-40-3456 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ics.
PART I. DEATH WAS CAUSED BY: ARDIO RESPIRATORY MIA IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF 4 DAYS FAILURE ORGAN ULTIPLE Canditians, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause HEMORR HAGE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ā (AT HOME, STREET, FACTORY, OFFICE, EARM ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an MAR (c) abave, (l) (wa) (did) (did nat) view the body after death and that in (my) (and apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL should be deto with the State IMPORTANT: 1 TO FUNERAL PHYSICIAN DIRECTOR PHYSICIAN Silver Spring, Md. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Harold S. Tidler 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION hurial Md STATE Brentwood Fort (Lincoln Cemetry. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Borgwardt Funeral Home Bel4400 Powder Mill Rd. (VRA 15, 4)

A BUT AND HARMON TO

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X 26 HOUR (TYPE OR PRINT) OF ESTI-HOURS STREET, Harold 1087 G. Eaton DEATH MATED 3/30 4 RACE IF UNDER 1 YR 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 2, 1908 78 187 Male Black Aug. DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Prince George's County Louisiana DIVORCED WIDOWED XX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 4501 Havelock Place Retired Realtdr Lanham USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4501 Havelock Place 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Prince George's Lanham NO [4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE David Eaton Ella Boas 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 4501 Havelock Road-Lanham, (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! 44 1902 no 578 Harold G. Eaton, Jr.-son 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which mitrial stenosis. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ED AS A BURIA HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 199 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [NXX BE WENT TO BU 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 970 HOUR A.M. MONTH DAY YEAR UNDERLYING OR O FUNERAL DIRECTOR, WRITING THE CONVARDED TO O FUNERAL DIRECTOR: PAGE 3 SHOUNTRE DEATH, WITH THE STATE DEPARTAL DIRECTORD STATE DEPARTAL DIRECTORD STATE DEPARTAL DEP None CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY 22¢ I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes X death resulted fram: Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Deputy DATE SIGNED_ 3/30/87 SIGNATURE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, MD TYPE OR PRINT SAT PAGE 23e BURIAL, CREMATION 23d LOCATION Burial 987 Makyland Natidnal Laurel, Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** Road ALB. (VR A15 ME (5))

STATE OF MARYLAND

49

ASA S 1997 July Tomber Bridge

STATE OF MARYLAND

P. G. Gounty 924H 929 524 1 5 3 3 SUR THE SEAT PL X SYPRESS PL DIST. TANK THE PROPERTY OF THE PARTY CON LIBRORY CONTRACT CONTRACT LANGEL manufic materials about \$100 \$100 Manufactors affects that the account of extending the months of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 7:29 March 8 1987 Episcopia Mary 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Nov. 3, 1906 YEAR Female Cauc. To. BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's U.S.A. Alabama WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET Doctor's Hospital of P. G. Co. Homemaker Lanham 13b. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 108 Tamarisk Court 20770 Greenbelt YESXX NOF Maryland Pr. Geo 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Louis Colca Francis Tortorici 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT 113-28-9125 Joseph D. Mangialardi same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from, 10 sow the deceased olive on 1928 th 1987, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAM DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYRE OR PRINT) 77e. ADDRESS MPORT, 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Burial 3/11/87 Ft. Lincoln Cem Brentwood, Maryland 24 FUNERAL DIRECTOR Rendon/Hale Lanham Funeral Home DHMH - 16 60M 7/84 (VRA 15, 4) 9013 Annapolis Rd. Lanham, Maryland 20706



DHMH - 16 60M 7/B4

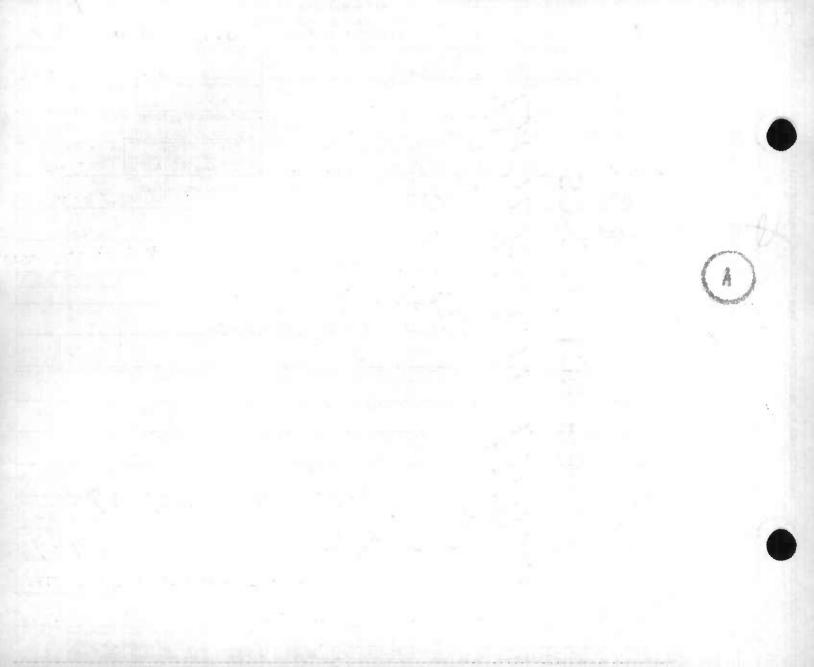
(VRA 15, 4) THORNTON FUNERAL HOME

24 FUNERAL DIRECTOR

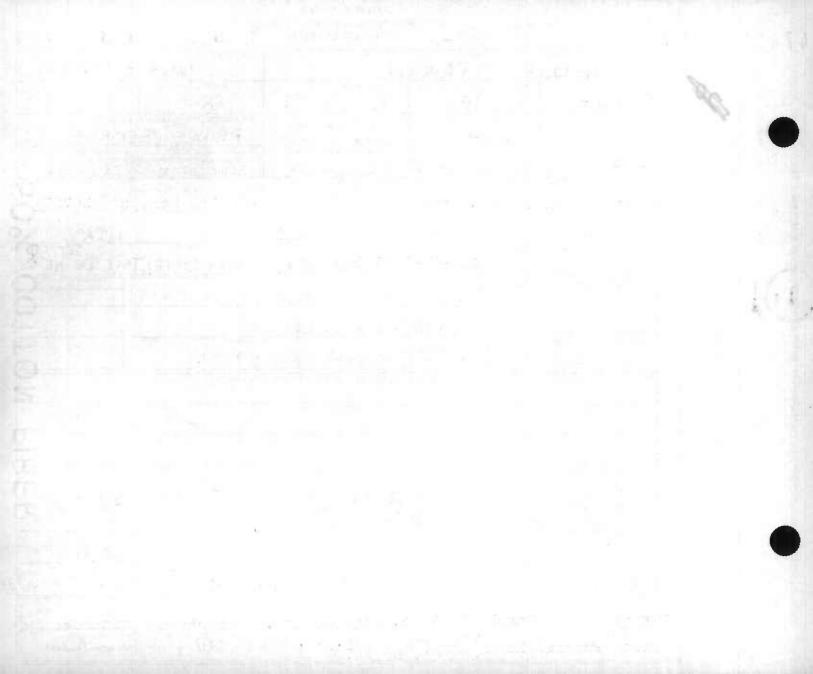
BEULAH BAPTIST POMONKEY, MD

MILLERS TAVERN CH. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1 9 4600



						E OF MARYLAND				
	1	FOR STATE		DEPARTA		EALTH AND MENTAL H	()	0	0 0	0 4
4/423 MAR 18	97	REGISTRAR		St. Co.		ICATE OF DEATH	O REG.		8 9	7 4
m r		CEASED NAME FIRS		MIDDLE		AST	20. DATE OF DEATH			HOUR
nay be page 3		NEL	LIE	FAIRA	LL		1	HARCH 13	,1987 7	45 PM
e od	3. SE	_	4. RACE		5. DATE C		6 AGE TIN YEARS LAST	BRTHDAY) IF U		DER 24 HRS
ge 4		FEMALE	WHI	TE	WONE	29 98	88	YRS	THS DAYS HOU	RS MIN.
9 d d d		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
unerd un 7.			US	Ac	WIDOWE		1 1301110	E GE	DRGE	MD.
with with	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA		126 KIND OF BUS	INESS OR
S of s of		KAUREL	Great	1		sina Home	Homema		Own Hor	me
212 how d in	USU.	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?				17/1
ND 24 h			ince Geo			YES X NO		Street	2076	07
trely 2 sh		THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	AME	4"		
MAR omple		DEWITT	WIDDLE	COOK		Nelli	e		LINCAS	
d co		AS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD	PRESS	20	P35
Pog.		no	ES, GIVE WAR OR DATES!	214-74-	2437	SAH BEAL	L 7434 C	HERRY TR	EE DR.	MOUNTEL
sicro pers ool.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per	line for (a), (b), and	d (c),1				APPROXIMATE I	NTERVAL AND DEATH
phy phy went went			AUSED BY:	onaishue	Hea	et Failure	A Pneumer	notes		
ding orbo			7 - TANK TANK T	P AS A CONSEQUE	NEE OF		1 0	11-11-11		100
EST dear dear bote o tian, aumo		Canditions, if any, which	h (16)	advance	da	theroscues				
PR he o		gave rise to immediat	e)	R AS A CONSEQUE	201					
by the by the by the by the base of the conference of the base of		underlying cause las	10011079	Kunim		elect; pr	mmonty.	1 Q S 1		
ned ple y, or y, or		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION GIVEN	IN PART No	
RECORDS,	CERTIFICATION									
Brigary any	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS L	JSED
ALR on.	TIFI						YES NO	YES	IG CAUSES OF D	DEATH?
DIVISION OF VITAL ING PHYSICIAN: The cortending physician wher this certificate h as the burial-transit th and Mental Hygien orked or tem 18 stor	CER	210 ACCIDENT WAS UNDERLYIN			VE AD	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF IN	UJURY IN ITEM 18 PART 1	1 OR PART 2)	
OF OF Strings of Physical Phys	AL	OR CONTRIBUTING CAUSE (OF DEATH	M. MONTH DA M	19					
HYSi ding burnis co	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		216. LOCATION STREET	CITY OR		COUNTY	STATE
VISION OF PROPERTY IS THE	X	WHILE NOT WHILE] [AT HOME, STR	REET, FACTORY, OFFICE, F.	ARM, ETC)	SIKEEI	CITY OR	IOWN	COONIT	STATE
A Africa A Africa A A A A A A A A A A A A A A A A A A A		22a I certify that (1) (this	naspital) attended th	e deceased from_	2	19	1 to 3	13 . 19-	87 , that ((we) lost
TTEN portal TOR for u		saw the deceased alive obove, (Ir (we) (did) (d	e an 3113	19.	701	nd that in (my) (aur) apinio	on death accurred on the	date and haur an	'	
OR A DIREC Sched Dept.		77h SIGNATURE	MOIT VIEW THE BODY	offer death.		DEGREE			22c. DATE SIGN	ED
		-men	MANN	~	1	ATTENDING	MEDICAL ST	TAFF	3/16/	87.
HOSPITAL ned by t FUNERAL uld be det the State	31	224 PHYSICIAN'S NAME (TWE OR PRINTS			22e ADDRESS		Δ .		2
O HOSPIT etained by TO FUNER should be a with the Sta		B & man	nestura	- m		14201 60	und far	in Kar	und ru	2.2178
TO HO TO HO Should with the MAN TO FI	23a B	URIAL, CREMATION, REMO	VAL 736 DATE	123c N	AME OF C	EMETERY OR CREMATOR	- 11			
BP	_ (specify) urial	March				CITY OR TOWN		YIMUC	STATE
	_	INERAL DIRECTOR				incoln Cem	ATE REC'D BY REGISTRA	WOOD PY	Incege S Signature	o MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		Fleck Funer	al Home	7601 Sa:	ndy :	Spr. Rd	AR 1 7 1987	A. La. Des	don Rand	all



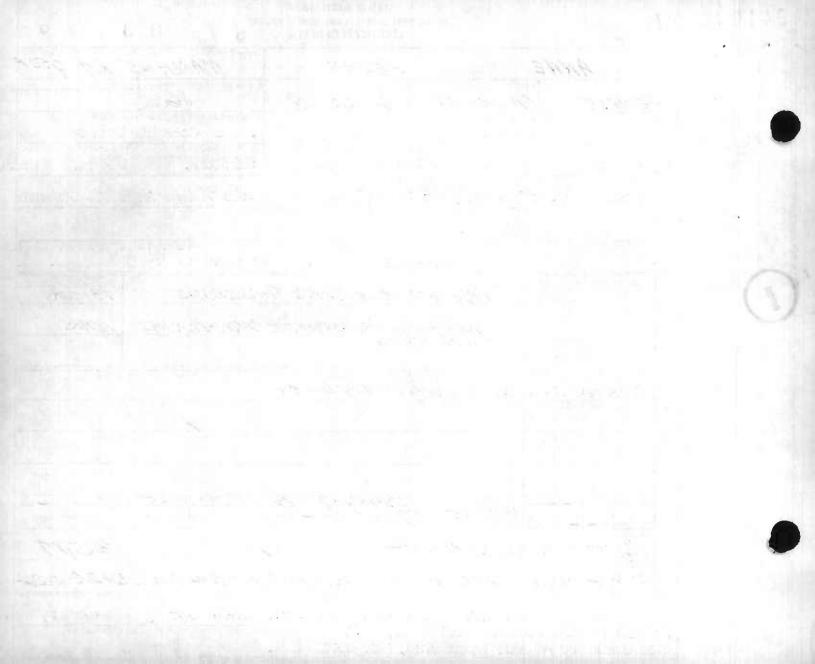
Void Death Certificate

#87-08995

Violet Faulkner Nov.86



11.01.10 100	1	07				STAT	E OF MARYLAN	ID				
7 4 9 4 1 U APK	-8	FOR STATE			DEP		EALTH AND ME		NE A	0	8 9	96
W		REGISTRAR DECEASED NAME	4.044		AIDDLE	CERTI	AST.		REG. N		DAY YEAR	2b. HOUR
be oge 3			NNE		neresa	FE	GAN		MAR	m 11 d	5 1937	950 P
moy . poo		3. SEX	4.	RACE	0.4.1	5. DATE			AGE (IN YEARS LAST BIF	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
age 4		FEMALE	C	ALCA		Mont	22	OO	8	YRS.		HOURS MIN.
oth. P	3	Na. BIRTHPLACE (STATEORFO		J.S.A.	WHAT COUNT	MARRIE WIDOW	D NEVER MA	RRIED	Prince Ge	_		V
in from	11	O. CITY OR TOWN OF DEA	TH 11	. NAME OF H	HOSPITAL, NU	RSING HOME	OR OTHER INSTITU		20 USUAL OCCUPAT	ION	12b. KIND O	OF BUSINESS OR
S of Siled		Hyattsville	1.00				g Home		Secretary		Vetera	ans Burea
24 hou ould be noted by noted be noted by noted	35	USUAL RESIDENCE (# NURSH 13g. STATE Maryland	Wontgo	CALL A	GIVE RESIDENCE ! 13. CITY OR Hyatt	FORE ADMISSION) SVILLE	134. INSIDE CITY	V LIMITS?	4515 Willa	rd Av	e. #181	19 South
YLA ithin ithin 2 short	1/1	FATHER'S NAME					15 MOTHER'S M					
MAR ad w ond ond	54	James	Jos	eph	Kelle	у	Αΐî	ice	MIDDLE		Mino	ör
BE, ecute		60 WAS DECEASED EVER			16h SOCIAL	SECURITY NO.	17 INFORMANT					ve. #18195
Pogo .	7	NO WAS DECEASED EVER I	(IF YES, GIVE W	(AR OR DATES)	578-5	8-4953	John A.	. Fegar	(Son) C	hev y	Chase,	Md. 2081
stylesicio Aggiers Joval.	1	18 CAUSE OF DEATH PART I. DEATH WA			line for (a), (b)	55/1E	PERERR	ALTH	somersk'	-		CIMATE INTERVAL ONSET AND DEATH
ing p			IMMEDIATE (port		-crpo-i		p		,0,	12.00
STO early re co on, o		Conditions, if ony,	which	DUE TO, OF	AS A CONSI	NSIVEH	HERDEUL	FROTICO	PARDIORENA	21/15	- VEM	25
he of he or motion		gave rise to imm cause (a), stating	ediote	DUE TO. O	WILAR J	OUENCE OF						
1 W. P hat the by the ase rer d, crem		underlying couse	lost.	(10)	CASA CONSI	GOENCE OF	- 1.00					
ires t gned n ple burio		PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT		and the same	AL DISEASE OR CON	DITION GIV	EN IN PART 1	0.
PRDS		O DIMBETES	/ _					ENSE		EL.3.		
low low s be price s only	1	DIABLE OF OPERAT	ION	196 CONDI	TION FOR WI	HEH OPERATIO	N WAS PERFORA	MED	20a AUTOPSY?	10b. IF YES	S, WERE FINDING CAUSES	NGS USED OF DEATH?
The cion.		T T					1		YES NOTE		s 🗌	NO 🗆
AN: AN: ohysis thron	G	. OR CONTRIBUTING C		116. TIME O	M. MONTH	DAY YEAR	Zic. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
ON OF IYSICIA ding pl is certif burial-t Mental	71	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P./		19	AN LOCATION					
DIVISION OF NG PHYSICIA offer this certificate this certificate the buriel-th ond Mentel orked or flegs.				210. PLACE (DE INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION		CITY OR TO)WN	COUNTY	STATE
Afte oos olth olth		270.1 certify that (I)		bottended the	decented for	THM	MRVIT	10.86	" MARY	425	10.87	ahaa dhadaa laa
TENG or us of He		sow the decease above, (1) (we) (d	d olive on	MARCH	-25	24		opinion de	oth occurred on the d		or and from the	couses stated
RECIPECT PATE AT MEET FEET STEEM STE		22h SIGNATURE	(did not) v	view the body	ofter death.	,	DEGREE			-	22c DAJE	SIGNED
0 3 0 00 =		Martale	une	the	uder	1110.	ATT	TENDING P	MEDICAL STA	FF	3/2	5/87
HOSPITAL ined by the FUNERAL old be deto hithe State ORTANT: H	1	224. PHYSICIAN'S NA	ME ITYPE OR PI	RINT)			220 ADDRESS					
TO HOSPITAL TO FUNERAL should be determined by the Store		MARTA	ANNE	504	NEDE	KMD	5401 M	MACAKT	HURBLYD.	N.W. h	VEHD,	C. 20016
5 € 5 € 3 ₹		23a BURIAL, CREMATION, F		23b. DATE			EMETERY OR CRE		236. LOCATION	. 41-14	at QUINTY	STATE
BP		Buriai		03/28/			Heaven		SilverSp			omerÿ Md.
DHMH - 16 50M 4/8	2	Fremier Casc						25a. DATE	REC'D. BY REGISTRAR	25h REGIS	TRAR'S SIGNAT	URE
(VRA 15, 4)		4739 Baltimo	re Ave	enue H	yattsv	ille, Mo	. 20781			0 4 0	- 0	0.0



	1			STAT	E OF MARYLAND			, ,
	1.	FOR STATE REGISTRAR	DEPA		ICATE OF DEATH		0 8	7 /
7.569 MM		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		YEAR 26 HOUR
200	46	ORP(INT) PAI	16 Alton	1-	KENDI-A		3.13	·87 1.14G
d do	3. SE	X	4. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF UNI	DER 1 YEAR IF UNDER 24 HRS
ors oft		Male	Caucasian	Aug		06 80	YRS.	
2 2 2 D		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF D	EATH
O D	V	irginia	U.S.A.	WIDOWE			CE 60	ON BUE BMO.
9 5/	10 C	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT INSUCH FACILITY, GIVE STI	REET ADDRESS)	OR OTHER INSTITUTIO	(TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	
1200	MISH	AL RESIDENCE (IF NURSING HOME OF	The second secon	TryIn	נטדן עטין	P Carpenti	er . Lo	onstruction
1135	13a	Md. Pr.		OWN	13d. INSIDE CITY LIM			le Rd.20613
到人人	14. F/	THER'S NAME	MIDDLE LAST	A JE I	15. MOTHER'S MAID	ENNAME		
160	G		aland Fend	der	Mallie	Mae	Fa	armer
8- 8T	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALSI		17. INFORMANT	ADDI		
Pag /		(IF YES, GIV	578-10	3-6532	Mettie	C. Fender, S	Same as	# 13
physical on or physical overst, th			lly one cause per line for (a), (b), D BY: TE CAUSE (a)	and ic CA	POIOFULA	entery All	EST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mots of			DUE TO, OR AS A CONSE		-0,01-01	, An 105		
trau trau		Conditions, if any, which gove rise to immediate	(b) /(CUTZ	RE	PILATOR	1 101Core		
by the		cause (a), stating the underlying couse last.	DUE TO, OR & A CONSE	NON!	A, Co	PD		
Men pled to the pro-	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASE OR CO	NDITION GIVEN IN	PART Ita
111	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED
11 6X	E					YES NOW	YES [CAUSES OF DEATH?
864 60	Ü	21a. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	DAY VEAD	216 HOW INJURY C	OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 O	R PART 2)
1911/	¥	OR CONTRIBUTING CAUSE OF DEA		DAT TEAK				
S MAN	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION			
A I Do	Σ	WHILE NOT WHILE AL WORK	LAT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR T	DWN C	OUNTY STATE
を		22a. I certify the (1) this hospi	tal) attended the deceased fra	MAR	est 6_ 10	87 10 MARE	413 100	27, that (I) (we) lost
2 4 5		saw the deceased alive on	PUMPELY 15 10	0 -1	id that in (my/ (our) o	pinian death accurred on the	date and haur and	
MILE.		22b. SIGNATURE	t) view the body after death.		DEGREE		13	27 DAJE SIGNED
detoch orte De		Merei	red Sertel	- V	UD ATTEND	ING MEDICAL STA	AFF CIAN []	3/13/87
ould be done of the Sta		22d. PHYSICIAN'S NAME (TYPE O	E BEATEZ	E MI)	701	SURRATTS K	Daint	ton, MD2013.
24131	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 2.	A NAME OF C	EMETERY OR CREMAT	TORY 23d LOCATION		
		Burial	3-17-87	irinit Garden	y Memori	al walder	. Charl	THE STATE OF THE S
	24 FL	INERAL DIRECTOR				DATE REC'D BY REGISTRA	256. BEGISTRAR'S	SIGNATOR
AH - 16 60M 7/B4 (VRA 15, 4)	Н	untt Funeral	Home. Waldo	cf. Md		MAR 1 1 1981	Guina Do	KONSV. Management

inental -

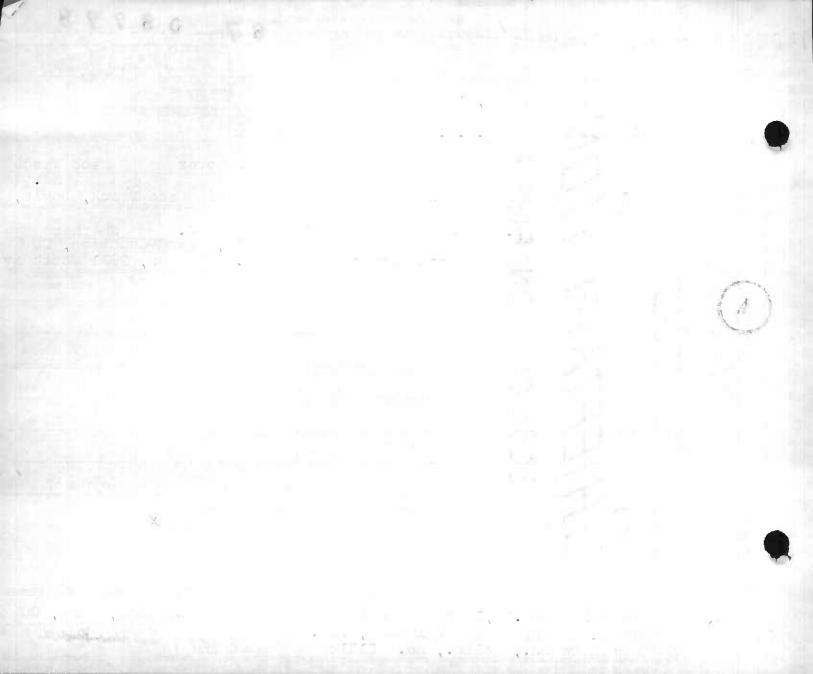
fines.he sicrimum interest x setteres and an interest of the

Transport of the contract of t

Service of the servic

DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE CO DEATH 20 DATE KNOWN 7h HOUR (TYPE OR PRINT) DEATH MATED Raymond Cecil 3-17 Ferguson 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 6:38 May 4, 1950 36 Male White DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Colorado U.S.A. DIVORCED X Prince George's County MD WIDOWED -M CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Laborer Race Track Bowie Bed Bunkhouse-Bowie Race Track USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George Bowie Race Track. Bowie. Bowie YES X 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Clarence E Ferguson Delores J. Smethers 17. INFORMSpace 38, Grandes Junction, CO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Delores J. Ferguson, 2931 North Av Vietnam 521-74-2782 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Narcotic and ethanol intoxication DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Chronic ehenolism; dilated cardiomopathy 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING BORTIMATY HOUR A.M. MONTH DAY Subject used drugs & alcohol CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY "(AT HOME, 21d. INJURY OCCURRED 211. LOCATION Prince George's STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Bed Bunkhouse-Bowie RaceTrack, Bowie, Maryland Building PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATI BALTIMORE, MARYLAND, 2121 Autopsy K 22a. I certify that Jobby charge of the regions described above, held on Inspection Hamicide death resulted Iran Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE 3-18-87 Assistant EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Baltimore, MD 21201 (TYPE OR PRINT) ADDRESS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Grand Junction. Mesa. CO Mar. 24, 1987 Memorial Gardens BP540 07/84 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ROBERT RECOR ALTENBURG FUNERAL HOME, INC. **DHMH - 17** 6009 Harford Rd., Balto., Md. 21214 (VR A15 ME (5))

STATE OF MARYLAND



	G	-6	25Ite	m136-	EINE	18 Pay 2,STA	TE OF M	ARYLAND AND MEN	ITAL HYGIEN	NF.			63	
		1-	STATE REGISTRAR	0712 -27	20/87 MED	ICAL EXAMIN	IER'S C	ERTIFICA	TE OF DE		G. NO.	A A	7	
11.6	070 mg	1. DE	CEASED NAME	fast a	11/10	A DLE		AST		20. DATE KNO	11- 22 0	TH DAY		2b. HOUR
1 4 0	A SEE THE THAT			Sonny		1, 105		elds	Jr.	DEATH MAT	TED 3-		87 YEAR	N
	R FILL HOUL	3. SEX	y .	4 RACE B	5. DATE OF BIRTH	YEAR 6. AGE (IN Y LAST BIRTHE	HINOM (YAC		OURS MIN	PRONOUNCED DEAD				8:30
	ALD STORY	70 BI	RTHPLACE (ST		76 CITIZEN OF WH		RS.	- TX NEVER	R MARRIED	9. BALTIMORE				Рм
	HAND FOR	1	OUISI		USA		WIDOWI		DIVORCED [Prin	ice Ceoi	rge's	co.	MD
H	CARDEN /	10 CI	TY OR TOWN		(IF NOT IN SUCH FAC	ITAL, NURSING HOM	E, OR OTHE	R INSTITUTIO	N IZa US	MOST OF WORKING I	ON (TYPE OF WOR		OF BUS	
341	HON HO	USUA		Hills	3001 Bra	INCH AVE	ION)			KEIIKE	D	778	24	7/11
21201	A PROPERTY	13a. S		136 COUNT		BALTIMO		YES X	13e STI	OO BRA	NCH A	VE N.	E. 0	APT.
WD.	T TANKS	1/	THER'S NAME		WIDDLE	LAST		FIRST	S MAIDEN NAM			LA	ST	
ORE,	38 3 70 C		SONNY			FIELDS,		MAF			JODRESS	ORDAÑ		
ALTIM	AFTR NVE PA SGES SEON	(Y	VAS DECEASEI ES, NO, OR UNKNO YES	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	43550653		RUTHY		S 2169		RPEED	DR	•
9.			18 CAUSE O	F DEATH (Enter onl	y ane cause per line	or (a), (b), and (c).)		3.		Di		APPE 8ETWE	OXIMATE II	NTERVAL AND DEATH
PRESTON ST	走。	13		IMMEDIAT		ceriosclero		ardiov	ascular	Disease	3			100
RES	NA TOTAL			ns, if any, which										
.w.	PENC PENC AMIN AENTA OR 5	13		se to immediate stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUENCE	OF			4 415		100		
8,28	E NO	1	DART 2 OTHER CO.	CHILICANT CONDITIONS	(c)	UT NOT RELATED TO THE TER	MIN A BICE LCE	0.0000000000000000000000000000000000000		- D				
ONO	S A B	Z	PAKI Z OLNEK SI	OMPTICANT CONDITIONS		ronic Et			IVEN IN PART I (0)					
L REC	L'ARA	CERTIFICATION	19a. DATE OF	OPERATION		ON FOR WHICH OPE			D?			20 AU	TOPSY?	
VITA	SE S	I H									H.E.E.		s 🛛	NO 🗆
DIVISION OF VITAL RECORDS	S CERTIFICATE SHOULD BE DEE RITING THE WORD "PENDING ROED TO THE CHIEF MED CA. EE 3 SHOULD BE USED AS A BLI E DEPARTMENT OF HEALTH AN OI PRIOR TO BURIAL, CREMATI		UNDERLYING	CAUSE WAS OR NG CAUSE OF D		MONTH DAY YEA	R 21c HC	W INJURY O	CCURRED LENTER	NATURE OF INJURY IN	NITEM 18 PART 1 OF	R PART 2)		
VISIO	S CERTIFICA RITING THE RDED TO THE SE 3 SHOULI TE DEPARTM TO PRIOR TO	MEDICAL	21d INJURY C	OCCURRED	21e PLACE O	FINJURY (ATHOME,		CATION		CITY OR TOWN	107.14	COUNTY		STATE
	WARD WARD PAGE TATE [-	AT WORK	AT WORK										
	POR	6	22a. I certi	/ // [ribed above, held an	Autops		nspection ,	Inquiry	, and in my	apinion		
	RTIFIE SECTION		death result	ed fragi: /Natur	al causes X	Agridient	uicide,	Hamicide		termined manner	· L.			
	A HOLE OF THE WAY		ACTUAL SIGNATURE,	/ Mil	MA	611	M,	Assis	tret	DICAL EXAMINER	DA' SIG	TE 3-9	9-87	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P	1	EXAMINER'S (TYPE OR PRI		es P. Kok	es. M.D.		ADDRESS 11	Il Penn	St. Balt	to. MD	21203		
	5AA 5AA —	23a 8	URIAL, CREMA	TION, REMOVAL 2		23c. NAME OF CE				OCATION YORTOWN		OUNTY	STAT	76
07/84	BP		BURIAL		3/13/87	NATION	AL C	EMETER	RY H	AMPTON,		V	Α	
25M	DHMH - 17		NAME		ADDRESS					1 1987	Hulia Da			de.
	(VR A15 ME (5))		MARCH_	FUNERAL	HOME	101 E. N	ORTH	AVEL.	MAR 1	1 190/	Guira pa	M. 400 J Y		

The same of the sa

048966 APR

deoth. Page 4 may be

-thin 24 hours ofter

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. tely filled in by the funeral director, page 3 2 should be filed within 72 hours after death

STATE OF MARYLAND

ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1	REG. NO.	0	9	
---	---	----------	---	---	--

1				STATE OF MARYLAN	D			
1	1.	FOR STATE	DEPART	MENT OF HEALTH AND MI		ENE,	03000	
	20	REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	LAST			ONTH DAY YEAR 26. HOUR	
		CED	PRIC FI	TZGERALD			03-26-87 12.44	
	3 SEX	X	4. RACE	5. DATE OF BIRTH	AFAD A	6. AGE (IN YEARS LAST BIRTH		HRS
-		Male	Black	Sept 29	1964	22	YRS	
7		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	RRIED X	9. BALTIMORE CITY OR		
1		ashington, D.C		WIDOWED DIVO	RCED _	PRINCE GEOR		MD.
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVESTREET PRINCE GEORGES	ADDRESS OR OTHER INSTIT ADDRESS CENT		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF T Student	WORKING LIFE) INDUSTRY	
-	,USUA 130. S	STATE 13b COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	LIMITS?	13e.STREET ADDRESS /		
2		ryland Prin	ce George Capito		10 🗆	402 Suffolk		
0		THER'S NAME FIRST Walter	Fitzgera:	1d Lo		WIDDLE	Jones	
1		VAS DECEASED EVER IN U.S. A		JRITY NO. 17. INFORMAN	T	ADDRES		
	(Y	YES, NO OR UNKNOWN) (IF YES, G	N/A 579-70-92	287 Lois Fi	tzgera	1d/402 Suffe	olk Ave Capitol H	ts.
Ġ		18. CAUSE OF DEATH (Enter of	only one couse per line for to the lan	dies Inc	/	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ATH
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (b)	MATIN	LILL	ш	4.8	
			DUE TO OR ASIA CONTIGUE	ENCE OF	11			
		Conditions, if ony, which	(b) MUN	uny y	enle	MUL		
		gove rise to immediate cause (a), stating the	DUE TO, OR A CONSEQUE	ENCE OF				
		underlying couse lost.	(c)	100 WINE /				
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN PART 110	
	CERTIFICATION					1	TO THE MEDICAL PROPERTY OF THE	
	FICA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	1	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
	RTI		The state of bulling	131, 110W B111	IBV OCCUPA	YES NO	YES NO	
1	T C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR 21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TB PART 1 OR PART 2)	
	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMIN		19				
	MED	214 INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME STREET, FACTOR), DEFICE P	PARK ETC 2TE LOCATION		CITY OR TOW	N COUNTY STATE	E .
d		WHILE NOT WHILE		2/2-	-6	3/1	0 2	
		22s.1 certify that it ther has	peal) assended the deceased from_	V und that ((inv))	19		e and hour and from the causes stated	lost
7		above (I) yelldid (did e	view the bady after death.	and that (Unit)	or, opinion o	eom occorred on the dol		
		and the	A. Whus	PH	TENDING TYSICIAN	MEDICAL STAFF		
7		22d. PHYSICIAN'S NAME (TYPE	OR PRINTI	22e ADDRESS	ni.	-RH 011	5- 43 - 60	>
		Lewis	YENNIS 1	ny 831	UNIC	1. 514. 5,16	ver Sp. MD 2090	03.
	23a B	BURIAL, CREMATION, REMOVA	23b. DATE 23c I	NAME OF CEMETERY OR CE	EMATORY	23d LOCATION CITY OR TOWN	COUNTYSTATE	E
		Burial	Mar 31, 1987 Ha	armony Memori		Landover	(PG) Maryland	
		UNERAL DIRECTOR	7.4.7.4 I 1 ADDRESS	1 1			Sb. REGISTRAR'S SIGNATURE	
	J . 1	b. Jenkins FH	7474 Landover Rd.	Landover, 1	IAAA DI	0.74 4007	wie Davidson-Mandelle	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

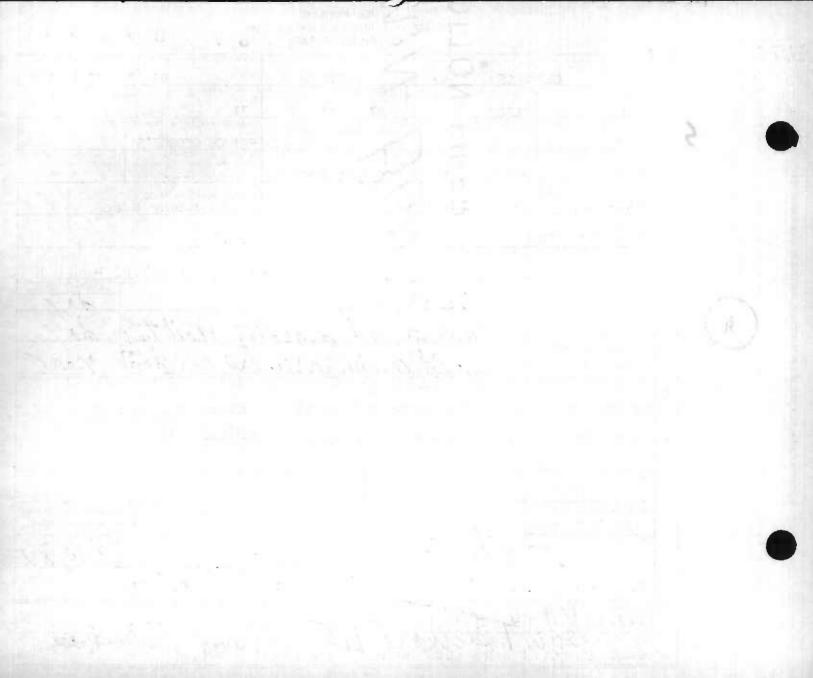
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detoched for use as the burial-transit permit. Then please remove corbon popers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal;

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the

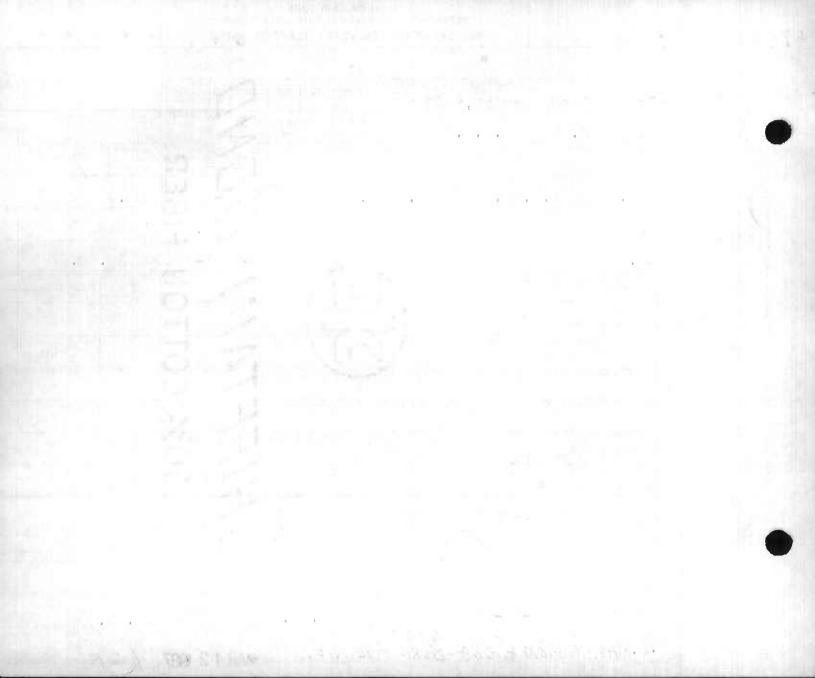
The second secon - Literature of the million

Stewart (Funeral

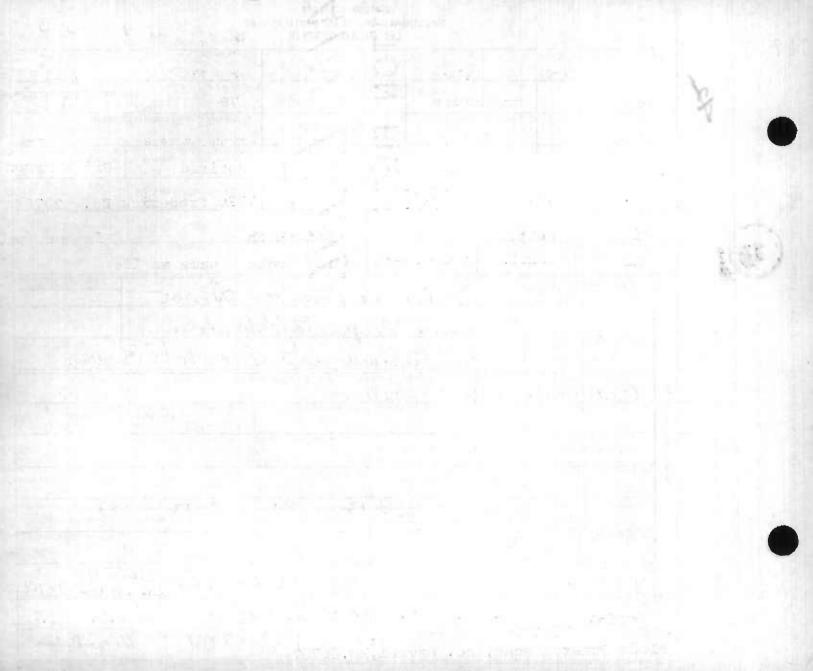
(VRA 15. 4)



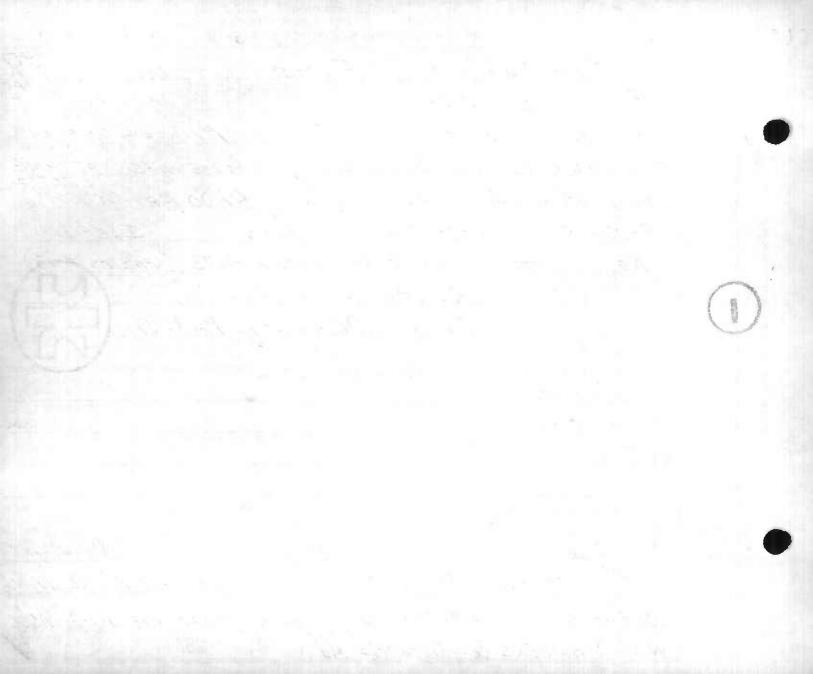
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 REGISTRAR DECEASED NAME 10. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED John W. F1 etcher 18/19 87 3. SEX 4 RACE AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE OF BIRTH DATE 24 HOUR 4:50 DAY YEAR LAST BIRTHDAY PRONOUNCED Black Male 17.196 Mav DEAD 18/19 871 ам To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY! Md. U.S.A. DIVORCED WIDOWED Baltimore City D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore Pr. George's General Hospital INFMPLOVET USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 21201 13a. STATE 13d. INSIDE CITY LIMITS? YES . NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDOLE LAST JOHN LAST AGNES FORD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES JOHN FORD-6701-ATWOOD ST.MD. NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Abdomen IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HE TO PRIOR TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES ST NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 9:00P.M. subject shot 21e PLACE OF INJURY 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY home 6701 Atwood District Pr.Geo. 27s. I certify that I look sharge of the reg ins described above, held on and in my apinion Hamicide X death resulted from: Notural Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 2/18/87 EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St. TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY 23d LOCATION STATE 2-23-87 HIGHLAND PK. MD. 07 84 BP 25M 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) FOGLE SR March 13, 1987 5:23 PM Earle Nelson 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH 1909 caucasian male TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Ohio WIDOWED DIVORCED [Prince Georges 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Brick Mason Retired Lanham AMI Doctors Hospital USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136_COUNTY 136_COUNTY 136_COUNTY P.G. 13West Towanhama Inside City Limits? 13e STREET ADDRESS / ZIP CODE Md. Frederick Rd. 7720 Hills 20784 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST Elizabeth Jim Me1ton Simmons Foale ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 579-03-3413 Audrey Fogle same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU TING TO SEATH BUI NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN DIATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OF PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 3-9-above, (1) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 11t. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS d b 23e BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23h DATE Burial Ft. Lincoln Cemetery Brentwood P.G. 3/18/87 Tool Sandy Spring Rd. REGISTRAR 25 PREGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 win Devideon Pas Funeral Home, Inc. Laurel, Md. 2070 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH) UREGISTRAR DECEASED NAME 20. DATE KNOWN PT (TYPE OR PRINT) ESTI-DEATH MATER AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY WI ISHAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, G RESIDENCE BEFORE ADMISSIONS 13a STATE COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL AER: THIS CER...
ICATE, WRITING Th...
E FORWARDED TO THE
TR. PAGE 33 SHOULD BE LO.
TATE DEPARTMENT OF
TATE DEPARTMENT OF NO YES [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX
BALTIMORE, MARYLAND, 2. 22a I certify that I taak charge of the remains described above, held an Inspection Autopsy and in my apınıan death resulted fram Natural causes Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))



University Blud, West Silver Spring.

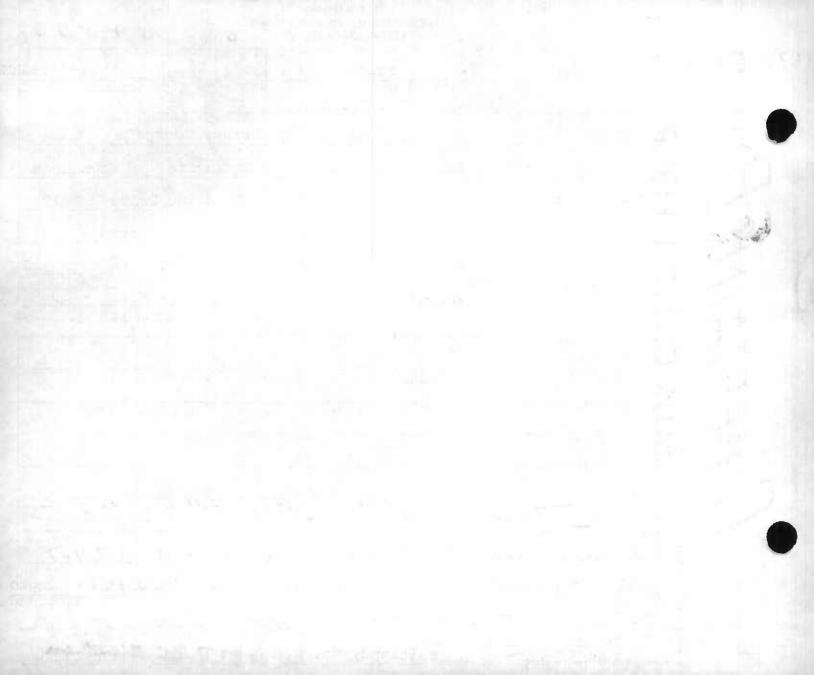
(VRA 15, 4)

A CONTRACT C and the second of the second denistration and the latest account

		1	F	ltems OR	18a t	hru 22	afilmG6		/26/8		HEALTH		ENTAL H	YGIENE						
0.1	7 0 0 0		1 - 5	TATE				-			_		CATE O				1. 9	11	0 (5
U II	7662	114	1.6	EGISTRAR EASED NAME		FIRST			MIDDLE		VER 3 C	LAST	CAILO			REG.		NTH DAY	YEAR	26 HOUR
	w.:		(TYPE	OR PRINT)	т	homas					T.	ri darr	Two			ESTI- MATED			05	
	LEAS TILES SUR REET		SEX		I. RACE		DATE OF B	IRTH		6 AGE (IN Y	EARS IF UN	riday DER I YR.	IF UNDER 2	24 HRS 2	c DATE		MON	TH DAY	19 87	74 HOUR
	P. P. C. ST. S.		Ma	10	D1-		HINOM	DAY	YEAR	LAST BIRTH	L. Moren	S DAYS	HOURS		RONOUN	NCED				1:30
	Y YOU	1	Ma 7n RIR	THPLACE (STA	Bla		Oct .	5 DE WHA		148 3	1			- 9			YORCO	UNIY OF	19 87	ам
-	CES CES	6	FOR	IGN COUNTRY)						VIK 1:		-	VER MARRIE				-		Count	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED MITHIN 72 HOURS I W. REESTON STREET,	0		sh.,D		1	L NAME OF	HOSPI	TAL NU	RSING HOM	WIDOW NE OR OTH	ER INSTITU	DIVORCE						IND OF BL	
	FLAY IS TO THE PAGE BEFINED			Clinto			Branch	1 AV	e. a	at Sur	ratt 1	Rd.	11011	FOR MC	OST OF WOR	RKING LIFE)		0	OR INDUST	RY
-	BE NEGO	7 0	SUAI	RESIDENCE	F IN NURSIN	IG HOME OR		ON, GIVE	RESIDENCE	BEFORE ADMIS	iON)						ILIVE	ZIAS	sist	ant
2120	AND	2	30 M	arylar	nd 131	PG				or town p Sp	rings	YES [NO 🗆	130 STREE	0 A	von	Cour	rt o	20%	148
3 8	H. F. 2. F. F. A. 33.	7	H FA	HER'S NAME			WIDDIE			LAST		15 MOTH	ER'S MAIDEN	NAME	A	AIDOLE		12.00	LAST	
E,	DEATH GES 1. RM PM OF WE	2	T	homas	FRi	day,	Sr.			LAJ!		F	Emma .	Jame		110000				
WO	FORM ON OF	1		AS DECEASED		U.S. ARME			166 SO	CIAL SECURI		17 INFOR	MANT			ADDRE	ESS			
BALTIMORE	S AFT SINE THE F			no			N ON OFFICE		577	7 60 7	7929	Pat	ricia	a Fr	ida	y-wi	fe-	5600	Avo	n Ct.
2	SE SE			18 CAUSE OF	DEATH (Enter only	one cause pe	er line fo	ır (a), (b), ond (c).)	100 1			Paris			450		APPROXIMATI	
N N	A E E E E E		7	PARTITUEA		CAUSED E		Th	erma-	ł Injur	ies	11.1	2517	130	2.11					
STO	THE REAL PROPERTY.			814			DUE TO	O, OR A	SACON	NSEQUENCE	OF	7		-				-		
94	E SA SE			Condition:			(b)_		779			- 6/	13							
*	AMILE TANK			lying cous		e <u>under</u> -	DUE TO	O, OR A	S A CON	SEQUENCE	OF									
. 20	SA KA						(c)_													
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	D BE EXECENDING: MEDICAL AS A BU SALTH AN	Ш	z	PART 2 DTHER SIG	NIFICANT CO	ONDITIONS CDI	TRIBUTING TO	DEATH RU	NDT RELA	ATED TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN IN PART	T 1 (0).						3/1/1
E	MEDIC MEDIC AS A EALTH CREA	\rightarrow	CERTIFICATION	190 DATE OF	OPERATION	ON.	Ties co	ONDITIO	NI SOP	WHICH OPE	PATIONIA	A C DEPEOD	PAAED?					Inn	AUTOPSY	2
Z.	S CERTIFICATE SHOULD RITING THE WORD "PEI RDED TO THE CHIEF M E. 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C		S.		DI ENTIN		100.00	21401110)I T I OK	Willell OIL	KA11014 #	ASTERIOR	(MEO					20		
>	WORD WORD TE CHIE OBE US	4	E	210 EXTERNAL	CAUSE	WAS	21b. TIA	AE OF II	JURY	124581	2 at 21c HC	OW IN ILIRY	COCCURRED) LENTER NA	ATURE OF IN	IRIPY IN ITEM	A 18 PART T.C	DR PART 2)	YES 🔀	NO 🗆
Ö	CATE WILD B	2		UNDERLYING	OR	Primary			MONTH				OCCURRED							
S	RTIFIC VG TI SHOU SHOOL	/	0 1	CONTRIBUTIN				P.M.		(AT HOME.		CATION	lriver o	or auto	0/ 1/00	CK COT	111510			equent
N	S CE RPETER SE 3 O 1 P		ME	WHILE AT WORK					RY, FARM, E		5	TREET	110 at 5		CITY OR TO		Durin	COUNTY	Fire.	STATE
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAR DIRECTOR: PAGE 3 SAFTER DEATH, WITH THE STATE DER BALTIMORE, MARMAND, 21201 PR	5			1	1/1		٦.		1		V	ive at S), (0, 14)	1.
	A P P P P P P P P P P P P P P P P P P P	1			/	11 / 6	f the remon	descri	bed obs	fical .	Autop		Inspection		Inquiry		and in m	y opinion		
	REC BE	0		death resulte	d train	Hadourge	coursel	2	/hh	S	uicide		cide	Undeter	mined m	onner				
	X B S S			ACTUAL	1	ena	11	4	VIV			- 1	istant					ATE	3/7/	07
	EAT SE	7	/	SIGNATURE_	-			1	1		M	D. 11001	LStarre	MEDIC	CALEXAN	MINER	SIC	GNED	3/1/	0/
	MED HE A	7		XAMINER'S N	IAME T)	Char	rles F	. K	okes	. M.D.		ADDRESS_	1	11 De	enn S	2+				
	PAET PAET	7	23a. BU	RIAL, CREMAT	_		DATE			NAME OF CE			ORY	123d. LOC	ATION					
07/84	BP 55/		Bi	irial	(/	//1	March	11/2	1	987				Ceme	RTOWN	~v/ 1	_	T WO		arvla
25M	DHMH - 17			NERAL DIRECT	OH X	Maria	17	1/0	111	0,1	-11	/	250. DATE RE	EC'D. BY R	REGISTRA	AR 256 RE			MARCAL	
	(VR A15 ME (5))			ewart	du	nera.	Hom	e-4	881	Benr	1/16	. NE	MAR	18	1987	i	" Or other Ba			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 7g DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS G. Nina Friel March 11 198 4 RACE 5 DATE OF BIRTH MONTH DAY FEmale White Jan 26, 1892 95 YPS O. BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's Washington DC USA WIDOWEDFX DIVORCED ID CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Forestville Regency Nursing Center Housewife own: Home SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL Pr George 13. STREET ADDRESS / ZIP CODE 6309 Kaine Drive Clinton 13d INSIDE CITY LIMITS? Maryland 20735 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mitchell MIDDLE Snowden Laura Bryan 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIF YES GIVE WAR OR DATEST 579-60=4512 William W Friel, Jr. Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [7 a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY STREET COUNTY AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 529 22a.l certify that (1) (this hospital) attended the deceased from saw the deceased alive on 2/5 above. (1) (worldd) (did not) view the body after death and that in (my) (seer) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL uld be deto MI 224 PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS William K Furst M D 11701 Livingston Rd#101 Ft Washington Maryland 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial COUNTY 13Mar1987 Cedar Hill Cemetery Suitland 24 FUNERAL DIRECTOR NAME ROBert E Wilhelm 250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Bardon P. (VRA 15, 4) Suitland, Md. Funeral Home



4739 Baltimore Avenue Hyattsville, Md. 20781

(VRA 15, 4)

4)9

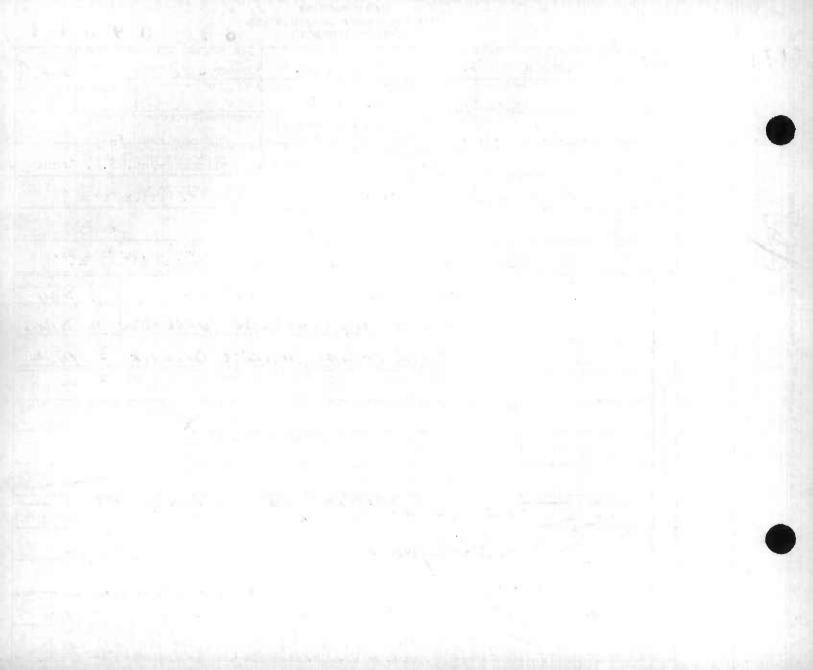
070	3000		FOR		DED A DT			TEME				
010	LIMIT A	1	STATE REGISTRAR		8 REG. NO. 0 9 0 0							
					MIDDLE	LA	ST	20. DATE OF DEATH		Y YEAR	26 HOUR	
2 75	3.13	(TYPE		LTON,	GIB	SON		3/14	187		300 "	
and and		1.56		4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS	
ge 4	200		MALE	BLAC	K			65	YRS	INITIS DATS	HOURS MIN.	
4 60	110	7a Bi	CULTON			8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY C		_		
1 1 1 1	41					WIDOWED DIVORCED		TRINCE	Aller A			
by the t	86	01	INTON	SOUTHE	EN MO	ADDRESS)	1			GOVER	F BUSINESS OR	
174 hours	47	130. 5	D.C.			NGTON	YES NO					
NAME OF THE PARTY	00/	14. FA	CHARLES	WIDDIE	GIESON	- 1	IS. MOTHER'S MAIDEN NA BEVLAH	WE		WEATHE	RFORD	
medical management			VAS DECEASED EVER IN U.S. (1F YE NO					249 REDER Y UPPER MAR	DE DR.	MD.		
yaco opes	off, the		18 CAUSE OF DEATH (Enter	er anly ane cause per	r line for (a), (b), an	id (c).)	100 ++		'O. A	BETWEEN	MATE INTERVAL	
4 4 4	1 1	N	IMME	DIATE CAUSE (a)	Caroli	ac/	reeginmi	a 4 Ja	Kurc	-		
office of the control	mate		Condition of 100				O Tula	retion				
by the of	other trop		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF	unsepsi	s. respir	aters	failu	r	
the place	abund any, an				1.11=		OT RELATED TO THE TERM			11 .	-	
1 1	-	ATIO	DATE OF OPERATION		HION FOR WHICH	OPERATION	7	200 AUTOPSY?	170-11			
りに 見る	9	CERTIFIC						YES NO			OF DEATH?	
dysic ficate transfer	18.0					AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T OR PART 2)		
08 P 8 P	117	ICA	(IF EITHER, NOTIFY MEDICAL EXAM	MINER) P.		19	AU LOCATION					
Fed Tar	ned or	MED	WHILE NOT WHILE	LIAT HOME ST		FARM, ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE	
AAA G	mort		AT WORK	aspital) attended th	ne deceased fram_	2/1	0 19.27		14 . 19	87	that (I) (we) last	
To a series	21 is	113	saw the deceased aliv	e an 3/1	offur death	87 lm	that in (my) (our) opinion	death occurred on the d	ate and have d	and from the o	auses stated	
DR. A P. hos ched	New Year		226. SIGNATURE		4	D				1997.C		
	T =		was	ricka	(3	ATTENDING PHYSICIAN	MEDICAL STA	IAN	3.15	1.8/	
五年 五十	9 5-					_		T PHECEONE THINDS				
HOSPITAL med by th FUNERAL Ald the detec	ORTANT.		22d. PHYSICIAN'S NAME (1		2A		22e. ADDRESS			NON P	nd .	
retained by the TO FUNERAL should be detail	IMPORTANT	23a. E	22d PHYSICIAN'S NAME (1	HANDF		NAME OF CE	9131, PISC	ATAWAY (NTON,	20735	
TO FUNERAL should be determined by the	IMPORTANT		22d. PHYSICIAN'S NAME (1	VAL 236. DATE 3-18	-87 23c	HARMON'	22e. ADDRESS		LD CLII	P.G.	M.D.	
BP GHAMA IS			224 PHYSICIAN'S NAME (1) URIAL, CREMATION, REMO SPECIFY) UNERAL DIRECTOR OLL	VAL 236. DATE 3-18	-87 23c 1	HARMON'	9131, PISC	ATAWAY (LD CLII		M.D.	
	R ATENDANG PHYSICIAN. The low requires that the shorth certificate its exactly within 74 hours they death. Page 4 may be hopping or criterial physician. IRECTOR, After this certificate has been signed by the attending physician to the certificate has been signed by the attending physician to the certificate has been signed by the attending physician to the certificate has been spring been at the burnol straining permit. Then please remove carbot pages? Its attained to book the first within 72 hours often death.	RISTRADANG PHYSICIAN. The low requires that the short certificate to restrict when 24 hours than death. Page 4 may be hospital or circulating physician. INSECTION. After this certificate has been regard by the attending physician to continue to the transfer of the state of the	The beautiful the stant certificate at a stant than the flags 4 may be found that beautiful the flags 4 may be found to the flags 4 may be flags 4 m	I. DECEASED NAME (TYPE OR PRINT) MALE 7a. BIRTHPLACE (STATE OR FOREIGN COUNSESH, D.C. 10. CITY OR TOWN OF DEATH OBJECT OF TOWN OF	REGISTRAR 1. DECEASED NAME (TYPE OF PRINT) 1. LEX MALE MALE MALE JA. RACE MALE JA. CITIZEN OF COUNTY ASH, D. C. U.S. 10. CITY OR TOWN OF DEATH JA. STATE OCUMPY ASH, D. C. U.S. 11. LAME OF COUNTY OF DEATH JA. STATE OCUMPY ASH, D. C. 12. LIP NOT INSURE OF OME OR OTHER INSTITUTION 13. STATE OCUMPY OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, C. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the Underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the Underlying cause last. Conditions, if any, which gave rise to immediate cause (b). PART 2 OTHER SIGNIFICANT CONDITIONS C. Sp. My 6 Cardial Ju. PART 2 OTHER SIGNIFICANT CONDITIONS C. AT MORE ALIVED CAUSE OF DEATH HOUR A	TABLE STATE REGISTRAR CANADA CAN	DEPARTMENT OF HE REGISTRAR I. DECEASED NAME (1YPE OR PRINT) I. DECEASED NAME (1PPE OR PRINT) I. DECEASED	TO STATE REGISTRAR T. DECEASED NAME I. DECEASE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DEFEASED NAME INSTITUTED STATE REGISTRAR REGISTRAR REGISTRAR DEFEASED NAME INSTITUTED STATE REGISTRAR DEFEASED NAME INSTITUTED STATE REGISTRAR DEFEASED NAME INSTITUTED STATE REGISTRAR REGISTR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGI	DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR IDECEASED NAME [1951 MODIE LATON, GLBSON 18 DECEASED NAME 1951 MODIE LATON, GLBSON 18 DECEASED NAME 1951 MODIE LATON, GLBSON 18 DECEASED NAME 1951 MALE 19 DECEASED NAME 19	

the junyon is permanant to the contract of the Light and the mulan vicing at the contract of The Carlotte and the Ca

					E OF MARYLAND				
	1-	FOR STATE REGISTRAR	DI	CERTIF	ICATE OF DEATH	8 REG. NO	0	9 0	1 0
3 1 4118 12	1 DE	CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
S S S S S S S S S S S S S S S S S S S	01	FRED	RAYMON		GILL		MARCH 6		9:28 8
s offer p	3 SE.	Male	White	July		6 AGE (IN YEARS LAST BIR	YRS.		HOURS MI
nerol dire		ashington, DC	76 CITIZEN OF WHAT COU	JNTRY? 8 MARRIE WIDOW	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O		^
s ofter d		amp Springs	Malcom GI		or other institution ital (AAFB)	120 USUAL OCCUPATION TENTINE TENTINE	e Market	IZE KIND OF	BUSINESS O
filled in ould be f		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		Drive	/2071
d within	14. FA	THER'S NAME FIRST		AST 7	15. MOTHER'S MAIDEN NA	ME		Bell	
s No	16a V	Fred VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	Minni		SS Lou		
Poge	(YES NO OR UNKNOWN) (IF YES, GI	TT 533_	14-5872	Helen Gil				207
the reserve	F	18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE			ARREST 1	L De viil an	TIME		ATE INTERVAL
200			TE CAUSE (o)	alias	Struck				
		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR AS A COL	Buda	ine	H			
ures that igned by an please buriel, s ury, or of	z	PART 2 OTHER SIGNIFICANT	(Ic)CONTRIBUTIONS	They was	NOT RELATED TO THE TERM	MINALIDISE ASE OR CON	DITION GIVEN	IN PART 110	
he low and on. hos bear if permit the prior to ows on, in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20€ AUTOPSY?		WERE FINDING NG CAUSES C	
SICIAN: The ng physicia certificate hirial-transit entol Hygie litem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	27
this this dor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
rol or officer		22a.l certify that X (this hosp sow the deceased alive or above, 和 (we) (did) 財政財 22b. SIGNATURE		19 87	RCH , 19 87 nd that in (大) (our) opinion	, to 6 MARC			ouses stated
AT OSP		# //U. DRANERIUME			DEGREE ATTENDING	MEDICAL STAL	FF		
by the hosp by the hosp RAL DIRECT e detached for State Dept to NNT: If them 2		Tel	The Leavest	genden brane		DIRECTOR PHYSIC			
by the ERAL Store Store		22d. PHYSICIAN'S NAME (TYPE		and the second	22e ADDRESS MALCO	DLM GROW USA	F MEDIC		
TO HOSPITAL OR ATTENDING by the hosp TO FUNDERL DIRECT Should be detached for with the State Dept. o	230	Tel	NE	23¢ NAME OF		DLM GROW USA			TER



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME 2b HOUR Stephen W. Gillikin, Sr. March 9, 1987 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTH DAY 1930 Feb. 6 Male Caucasian 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. WIDOWED DIVORCED T Washington, D.C. Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) P.G. County Policeman-Ret. Clinton Southern Maryland Hospital Center WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS / ZIP CODE 5904 St. Moritz Drive 136 COUNTY 13c. CITY OR TOWN 20748 13d INSIDE CITY LIMITS? Prince George Temple Hills Maryland YES XXX NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Massey Gillikin Melvin Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 5904 St. Moritz Dr. Temple Hills, Md. (IF YES, GIVE WAR OR DATES) 1948-1950 IYES. NO OR UNKNOWN) 579-36-0291 Diane Lee Gillikin Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY ARDIOPULMONARY IMMEDIATE CAUSE (a) MYDEAL DIAL INFARENION Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI YES T NO [71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE SEAT. 17 220 | certify that (1) (this trospital) oftended the deceased from. saw the deceased alive on FEBRUAN 2719 37 abave, (1) (was fold) and not) view the body after death. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 3/9/87 PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PHYSICIAN'S MAME (TYPE OR PRINT) 77e ADDRESS Bruno Kolega, M.D. 4400 Stamp Rd. Temple Hills. 23a BURIAL CREMATION, REMOVAL 236. DATE 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY COUNTY Cremation 3/12/87 Metropolitan Crematory Virginia Alexandria, 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 6160 Oxon Hill Rd MAD 1 9 1097 (VRA 15, 4) George P. KALAS Funeral Home Oxon Hill: Md.



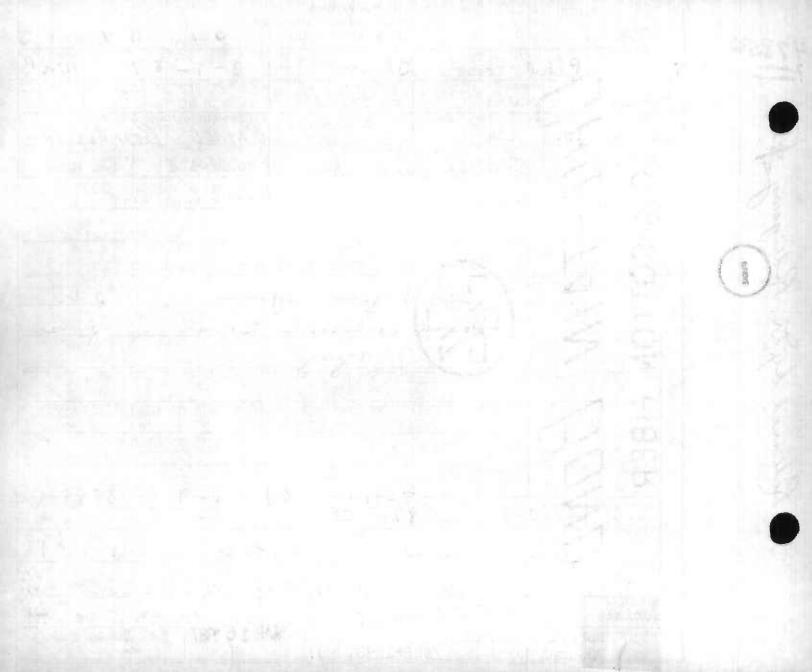
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH DMITRI (TYPE OR PRINTS Dimitri Gladstein SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MALE WHITE OCT. 4, 1938 48 O BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUSSTA USA WIDOWED DIVORCED | Prince George's 120 USUAVOICUPATION CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LAUREL ENGINEER ENGINEER Greater Laurel Beltsville Hospital MAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE 13d. INSIDE CITY LIMITS? MARYLAND BLANCHE RD. #21215 NO I 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE GLADSTEIN PETER UNKNOWN BETTY MRS. ADELAAGGEADSTEIN 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 215-82-0741 6923 BLANCHE RD. BALTO., MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF MASSIV INTERO POSTWARL Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. SETZUR DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION MYZIIPLE CARDIAL Pork BIE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 200 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 20 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (well (did) (du 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 3/1/87 PHYSICIAN PIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b IMPORTA 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE [SPECIFY] BURTAL BALTIMORE MAR.2,1987 CHIZUK AMUNO BP. SOL LEVINSON 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 6010 REISTERSTOWN RD. BALTO MD Julia Dividion Randoville

(VRA 15, 4)

THOS WE WANTED S miller out - the men THE PART THE PART OF THE PARTY Albertal Park of the State of t BAGIL MIL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH YPE OR PRINT Irene 3 SEX IF UNDER LYEAR Oct 22, 1906 White Female 80 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Hickory, N.C. IISA DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Own Home JSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

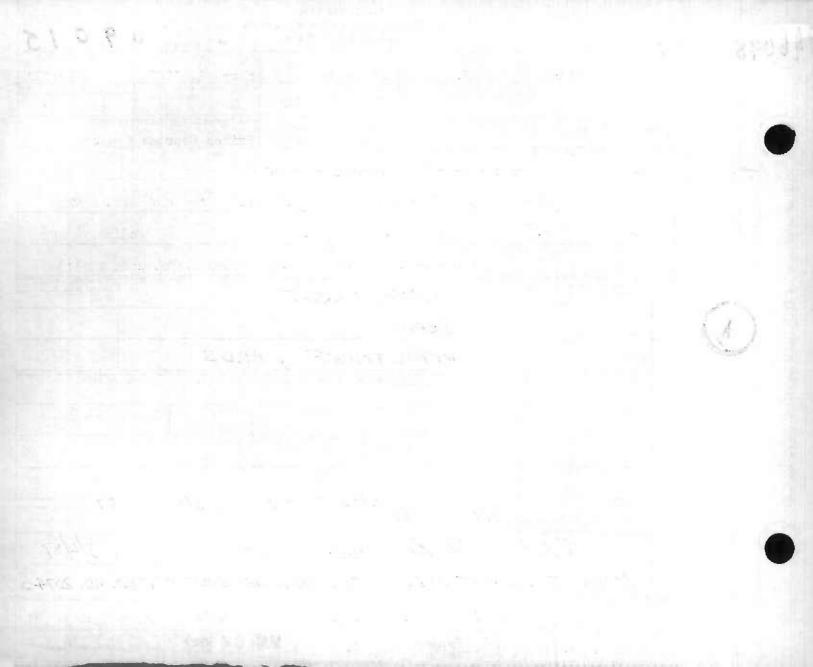
136 COUNTY 136 COUNTY 136 CITY OR TOWN 20772 13e STREET ADDRESS / ZIP CODE Maryland Pr George Upper Marlboro NO 8303 Trumps Hill Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Samuel Powell Emma Franklin 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT No 577-20-0025 John A Glover Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 ONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN STATE STREET (AT HOME STREET FACTORY OFFICE FARM ETC) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that (n (py) (aur) opinion death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORT/ DATE 234 NAME OF CEMETERY OR CREMATORY Burial Fort Lincoln Cemetery Brentwood Md 24 FUNERAL DIRECT Robert E Wilhelm ADDRESS DHMH - 16 60M 7/84 (VRA 15, 4) Funeral Home Suitland, Md.

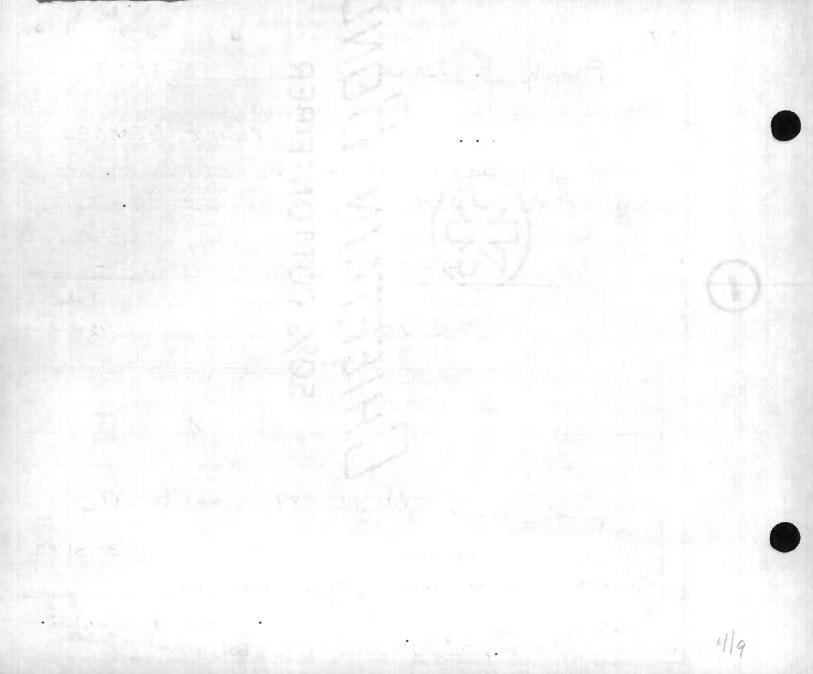


Beltsville Md.

(VRA 15, 4)

	1	FOR			DEDA		TE OF MARYLAND HEALTH AND MENTAL	HVCIE	up.			
F 0 6 0	11	- STATE REGISTRAR			DEFA		FICATE OF DEATH	HIGIER	1	0	90	15
0098 HAR -5		CEASED NAME	FIRST		MIDDLE		LAST	20	REG. N		Y YEAR 21	HOUR
by be 3 death	TYP	E OR PRINT)	inda		S.	Goode	nough	N	March 1, 1	987		0:30P M
may b	3. ŞE	x emale		4. RACE White		5. DATE	OF BIRTH	6.	AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR IF	FUNDER 24 HRS
recto urs of						Mph 2	15 1938		48	YRS.	NIHS DAYS H	OURS MIN.
nerol di n 72 ho	No. 8	RTHPLACE (STATE ORFO	DREIGN 18	76. CITIZEN OF USA	WHAT COUNT	MARRIE WIDOW	ED NEVER MARRIED	7	Prince Geo			
Street of with		ity or town of DEA aurel	ТН	(IF NOT IN SU	CH FACILITY, GIVE ST	SING HOME (or other INSTITUTION	12	a USUAL OCCUPAT.	ION	ISL KIND OF D	USINESS OR
S D D D	USU	AL RESIDENCE (JENURSIA	NG HOME OF	OTHER INSTITUTION	GIVE PESIDENCE BE	EORE ADMISSIONI						
: 41.15	130.	STATE Md.	Prin	ce Geor	e Belt	own Sville	YES NO NO	S? 13	STREET ADDRESS .	ZIP CODE Lin Ter	r. 2070)5
1 16/27	14. F	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN		WIDDLE			
1/60	_	Wood	В.		Sides		HazeT				linney	
onto be service on or or other Poges on or other Poges of the medical	160.	VAS DECEASED EVER II		MED FORCES? VE WAR OR DATES)	578-52		17. INFORMANT	Goo	ADDRE			2
4 55-4 4	-		1.5.4	1	-		Glayde H.	400	denough,	or. sam		
		18. CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	nly ane cause pe D BY: TE CAUSE (a)	CAN	DIAC	ARREST				BETWEENONS	TE INTERVAL SET AND DEATH
		10000	INVICUIA		RAS A CONSE	OLIENCE OF						
1 1		Canditions, if any, gave rise to imme	which	(b)_	OR AS A CONSE	515						
		cause (a), stating	the	DUE TO, C								
a the state of the	13			101			NOT RELATED TO THE T					
Apple of the state	NO.	THE STORE	W ICAINT		OTATRIBUTING	IO DEATH BUT	NOT RELATED TO THE T	IERMINA	AL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
he los requi on. has been sig fermit. There ere proor in the	CERTIFICAT	190 DATE OF OPERATI	ON	19b. COND	ITION FOR WH	CH OPERATIO	N WAS PERFORMED		204 AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDINGS	S USED DEATH?
11115	S	210. ACCIDENT WAS UNDE			OF INJURY .M. MONTH	DAY YEAR	21c HOW INJURY OCC	_				,
25 10 1/	MEDICAL	OR CONTRIBUTING CA	AL EXAMINER	P P	.M.	19						
otherding physician, otherding physicians enforced as the surface as the fluid physician as the fluid physician phys	WED	21d. INJURY OCCURRE		21e. PLACE	OF INJURY REET, FACTORY, OFFI	CE. FARM, ETC)	211 LOCATION STREET		CITY OR TO	MM	COUNTY	STATE
Na 4 15 E		22s.l certify that (1) (2/	ne deceased from	4	120 198	7_	, to3/1	. 19		t (I) (we) lost
A SECTO		saw the deceased above, (I) (we) (di	dividid no	t) view the body	after death.	67 01	nd that in (my) (our) apin	nian deal	th accurred on the do	ate and haur a	nd fram the cau	ses stated
AL DR. 1, the hy DR. Sensorbe Dress		22b. SIGNATURE	Man	16	Ment	HED	M.D. ATTENDING	GZ	MEDICAL STAF	F	22c. DATE SIG	NED 87
D HOSPITA TO FUNERA Hould be of		MARK			ST M.	>,	7100 BALT.				KMD. 2	0740
BP	23a 8	urial, cremation, r speBurial	EMOVAL	23b. DATE 3/5/87	7 23 M	d. Nat	EMETERY OR CREMATOR	RY I	23d LOCATION Laure I		ounge o rge	
DHMH - 16 60M 7/84	24 FI	onaTa V. Bo	marie.	440				PARE		256. REGISTRA	R'S SIGNATURE	
(VRA 15, 4)			- 8 Mg	Lat Bel-	tsville	Md 207	05		- 1307	0		and the Co





4739 Baltimore Avenue Hyattsville, Md. 20781

(VRA 15, 4)

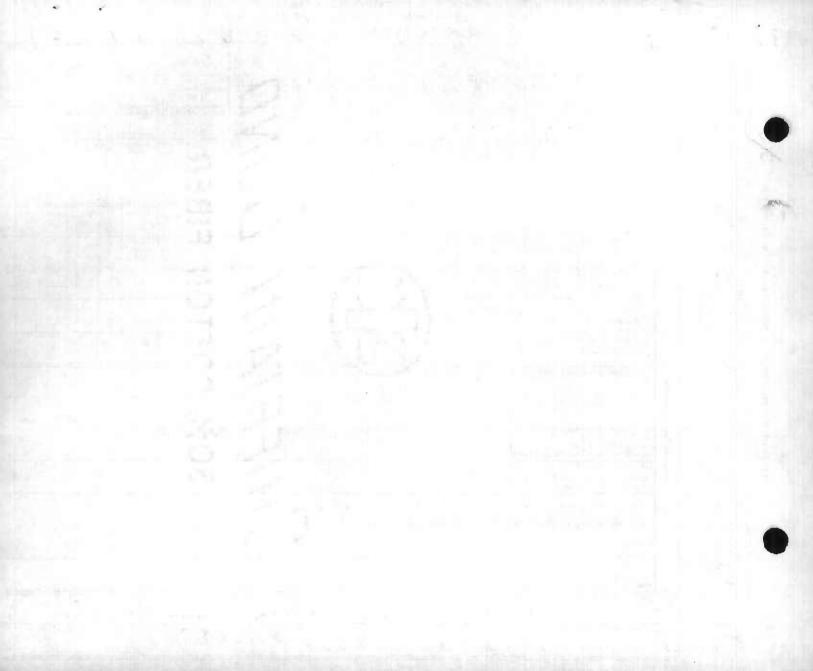


1 1 1

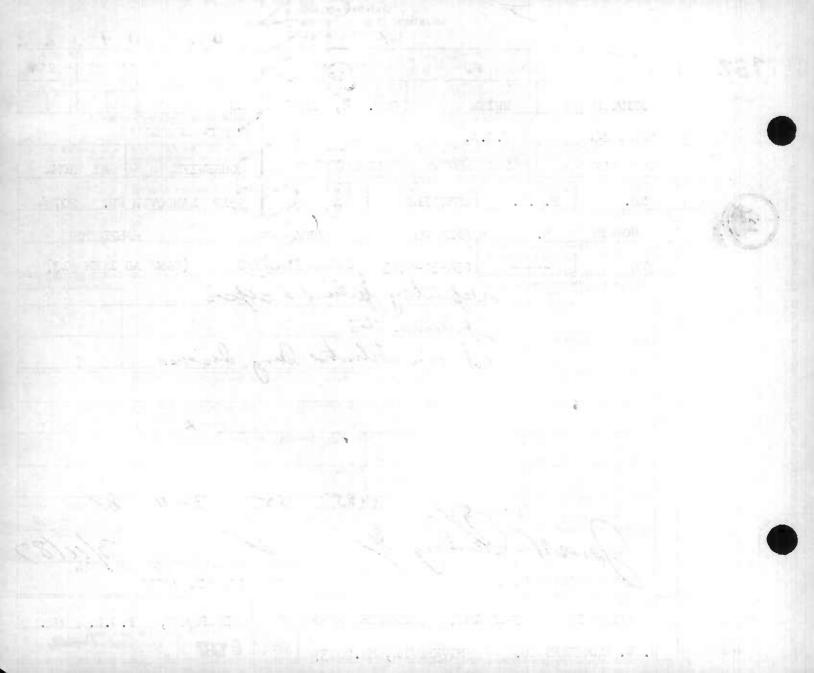
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 1:10a M March 30, 1987 GREEN ESTHER G. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR Black 10, 1922 Feb. Female To BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED Prince George's County South Carolina USA WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION AMI Doctor's Hosp. of Pr. Geo. Co CTYPE OF WORK FOR MOST OF WORKING LIFE Lanham None USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland PG College ParkyEST NO [] 5016 Odessa Road 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Lucy Robinson Solomon Salley 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. LIE YES GIVE WAR OR DATES! 251 88 0719 Carlether Keller-daughter-5016 Odessa 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY Meningitis IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Septicimia Canditians, if any, which gove rise to immediate couse tot, stoting the underlying cause last UNSCULAR access PART 2 OTHER SIGNIFICANT CO NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIC Mranic 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE 22s.1 certify that (I) (this hospital attended the deceased from saw the decemed also and that in (aur) apinian death occurred an the date and hour and fram the couses stated 77h SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN old be d 22e ADDRESS Greenbelt, Md. Steven M. Pollak, MD. Green Way 230 BURIAL CREMATION PRIMITIVAL MAME OF CEMETERY OR CREMATORY Shady Grove Cemetery St. George, South Burial 24 FUNERAL DIRECTS DHMH - 16 60M 7/B4 Benning Road, NE (VRA 15, 4)

				Part II	. ,	21a	EDADT	STA MENT OF		AARYLAN		IVGIEN	ic .					
		1- 9	TATEG - 6	25, by	Med	E 40		EXAMIN						REG.	9	0	2	U
0151	L F Z FER	1:080	EASED NAME	/6/87 FIRST	Gb	-	MIDDLE		-11. 5 (LAST			2a. DATE	KNOWN 1		DAY	YEAR	2b. HOUR
0 4 0 4	H N N N N N N N N N N N N N N N N N N N	. ETYME	OR PRINT)	Fred	die	T,	ee		G	reen		100	OF	ESTI- MATED	□ 2/	17/	/19 87	_ M
N	I NECESSARY PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 7 WITHIN 72 HOURS W PRISTON STREET.	3 SEX		4 RACE	5 DATE	E OF BIRTH		6. AGE (IN YE	ARS IF UN	DER TYR.	IF UNDER		2c. DAT		MONTH	DAY	YEAR	24 HQUВ 1:36
10	OUR OUR N SI	Ma		Black	Nov	7. 5,1	960	26 YI	, moral	HS DAYS	HOURS	MIN.	PRONOU DE AI	D	2/	17/	19 87	P M
1_	SSAB VAL FIN	/a. BIN	THPLACE (ST	ATE OR		IZEN OF WH		ITRY?	8. MARR	IED NE	VER MARR	IED X7	9. BALTIA	MORE CITY	OR COUN	TY OF C	DEATH	
	NECESSA FUNERAL 5 FOR Y 5, WITHIN		. CAROL	INA		USA			WIDOW	/ED 🗆	DIVORC	ED D	Pri	nce G	eorge	's (Count	y, MD.
	SERIES X	10. CI1	Y OR TOWN	OF DEATH				RSING HOME	, OR OTH	IER INSTITU	TION	12a USU	MOST OF WO	PATION IT	YPE OF WORK	12b KII	ND OF BUS	SINESS
	DELAY IS N TO THE FU N PAGE 5 86 FILED,		Jones P		F	Potoma	c Riv	er				La	abore	r			nst.	
21201	SEASO	13a ST		IF IN NURSING HOME		NSTITUTION, GI	13c. CITY	OR TOWN		13d INSIDE CI	ITY LIMITS?	13e. STR	EET ADDR	ess ichmo	nd Hw	v. 4	999	99
0.7	S SHOE		THER'S NAME	1 2 4 4 1						15. MOTHE	R'S MAIDI				110 1111			
Ä,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	De	earil	Green	WIDOLE			LAST		Alme	eata	Bai		MIDDLE			LAST	
WOW	E 3 3 47 40	16a W		EVER IN U.S. AI	RMED FOI			CIAL SECURIT		17 INFORA				RICHE	ond H	wy.		
BALTIMORE	PAGES I	I YE	Yes	WN)	E WAR ON D.	AlESJ	227	7-94-05	47	Dear	ll Gr	een	Ale	xandr	ia, V	a. 2	22306	
	N N L		18 CAUSE O	F DEATH (Enter o	nly one co	ouse per line	for (o), (b), ond (c)r)	1 13%							BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
PRESTON ST	PERMITEM 19		PARTIDE	ATH WAS CAUSI	ATE CAUS	E (o) D	rown	ing	MC2 NC	7-5)								
STO	A ALC A ACG		111	1		DUE TO, OR	AS A CON	SEQUENCE -	OF									
	VITH VOIL VAN VAN VAN VAN VAN VAN VAN VAN VAN VAN		gave ris	ns, if any, which se to immediat	e /	(b)				19						+		
201 W	A OF THE PEN		lying cou	stoting the <u>under</u> se last.	.)	DUE TO, OR	AS A CON	NSEQUENCE !	OF									
	DE SE		DART 2 DINES CH	GNIFICANT CONDITION	CCONTRIBUT	(c)	DUT NOT BELL	110 00 THE TEN	UNIA BACCA									
RECORDS,	R: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 IN. TE, WRITING THE WORD "PENDING" IN PENCIL IN ITEN PROMARDED TO THE CHIEF MEDICAL EXAMINER ALON R: PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT PER ESTATE DEPARTMENT OF HEALTH AND MENTAL HYGEIF D, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	Z																
	L CA ASEN	CERTIFICATION	19a DATE OF	OPERATION	la,	196 CONDIT	TION FOR	WHICH OPER	ATION W	AS PERFOR	WED?	1 115	5 e			20	AUTOPSY?	
VITAL	HIGH OF IN	IFIC	3-50														YES 🔯	NO 🗆
DF V	WOO BE	B		L CAUSE WAS		HOUR A.M		DAY YEA		OW INJURY	OCCURRE	ED LENTER	NATURE OF II	NJURY IN ITEM	18 PART I OR P			
NO	SET OUT OF THE		UNDERLYING CONTRIBUTION	NG CAUSE OF	THE CALL IN	P,M		17 198		bjec	t fo	und	flo	ating	, in	riv	er	
DIVISION OF	CERTIFIC ITING TH DED TO 1 E 3 SHOUL DEPARTA	MEDICAL	214 INJURY C			21e PLACE (OF INJURY			CATION		11/1/2	CITY OR TO	OWN	CC	YINUC	Maryl	land
۵	WRI WRI ARE ATE 1201	2	AT WORK	NOT WHILE		wa	ter		Po	otoma	cri	ver	Jei	nes P	oint			
	ATE, TATE, ORW		22a. I certif	fy that I took cha	rge of the	remoins des	cribed abo	ove, held an	Autop	sy X.	Inspectio	n .	Inquiry		ond in my o	pinion		
1987	A CHES		death results	ed from: Nat	urol cau	Z	cciden	, su	icide	, Homic	cide .	Under	termined n	nanner X				
	DIRE WIT		ACTUAL		1	\wedge	0			TITLE (S	PECIFY)				0.475			
	A HE SEE THE HEAT OF THE SEE T	,	SIGNATURE_			V			^	A.D. ASS	istan	t_ MED	CAL EXA	MINER	DATE		2/18	/87
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRIN	NAME Gree	gory	R. Ka	uffma	n, M.).	ADDRESS_	1	11 P	enn S	t.		-115		
999	BP 508	23a B	urial CREMA	TION, REMOVAL				Chape		r CREMATO	neter	y 23d 10	antee	, s.	Carol	Tha	ST	ATE
25M	DHMH - 17	24-F4	INERAL DIREC	TORO	3	314 Fr	ankli	n St.			25a. DATE	REC'D. B'	Y REGISTR	AR 25b RE	GISTRAR'S	SIGNAT	TURE	
	(VR A15 ME (5))	1	con	Torce	ne.	Alwxan	dria	, Va.			FER	26	1987	Allia	Devider	n. Ra	ndall	
													-NACC	0				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO POPCEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Kimberly DEATH MATED A. 10/10 87 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 3:35 YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 22,1967 20 Female Black DEAD Jan. 10/19 87 AM 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED & FOREIGN COUNTRY! U.S.A. D.C. Prince George's County, WIDOWED [DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK O. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS Pr. George's General Hospital OR INDUSTRY FOR MOST OF WORKING LIFE! Cheverly PBX Operator Hotel AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY P. G. THURST LIMITS? 30. STATE Md. 13e STREET ADDRESS 915 Somerset Pl. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Griffin Judith Charles Perry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 66 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unknown Judith Griffin-Same as No 13 above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF CULD BE USED AS A BURIAL-FIMENT OF HEALTH AND MEN DR TO BURIAL, CREMATION. lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING DOR 3/9/ CONTRIBUTING CAUSE OF DEATH 6: 40 P.M. 19 87 subject driver of auto/auto collision 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK roadway Sheridan St. & Knollbrook Dr. Hvattsville.wd. Autopsy X 228. I certify that I taak charge of the reflixing described above, held an and in my apinion Accident K death resulted from: Undetermined monner Natural co Homicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/11/87 SIGNATURE EXAMINER'S NAME PAGE TO FUR Gregory R. Kauffman, M.D. ADDRESS 111 Penn St THE OR PRINT BO. BURIAL CREMATION, REMOVAL 236 DATE 23d LOCATION RMONY MEN. PARK LANDOVER 25AA 24 FUNERAL DIRECTOR 256 REGISTRAL'S SIGNAT **DHMH - 17** H.S. WASHINGTON + SONS 49.25 BURROUGHS HUE. N.E (VR A15 ME (5))



	1.	FOR STATE REGISTRAR			DEPART	MENT OF I	EALTH AN	D MENTAL HY	GIENE 8	RES. NO.	0	9 0) 2	2
7400 110		CEASED NAME	FIRST		WIDDLE		AST	The Swift	20. DATE OF I	EATH MONTH	DAY	YEAR	2b. HOUR	
136	91	7	0	DA	F.	G	RIFFI	TH		03	11	87	9;25A	м
and, bo	3. SE	Х		4. RACE		5. DATE O			6 AGE (INYEA	RS LAST BIRTHDAY)	-	ER I YEAR	IF UNDER 24 HRS	_
es of		FEMALE		TIHW	E	OCT.	1	1898	88	YR:	MONTHS	DAYS	HOURS MIN.	
2 7 7 V	la B	IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	n NEVE	R MARRIED		CITY OR COUN		EATH	100	Т
1 1 15		MARYLAND		U.S.		WIDOWE	DX	DIVORCED	PRINC	E GEORGE	S		M	D
1 11/1/	10 C	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSING	NG HOME	OR OTHER IN	NSTITUTION	12a USUAL O	CCUPATION OR MOST OF WORKIN	126	KIND OF	BUSINESS O	_
4 4 4		CHEVERLY			GEORGE F		AL CE	NTER	HOUSE			AT I	HOME	
135	13a. :	AL RESIDENCE (IF NURS STATE Md.	136 COUN	OTHER INSTITUTION	13c. CITY OR TOW CHEVERL	/N	13d. INSIDE	CITY LIMITS?	13e.STREET AL 5512	DORESS / ZIP CO).	20784	
「部籍団人フ	14. F/	ATHER'S NAME		MIDDLE	LAST	Marin .	15 MOTHE	R'S MAIDEN NA						_
一一一种		ROBERT	G.		LAMBLETON		B 11	NORA		WIGDLE	HAME	LETO		
PIT		WAS DECEASED EVER		MED FORCES?	16h SOCIAL SECU	JRITY NO.	17. INFOR			ADDRESS	TIME		N	1
2 5 5 F		NO_	(IF YES, GIV	E WAR OR DATES)	234-32-	2723	ALFR	ED BARCH	ENAS	(SAME	AS I	TEM :	#13)	
4 24 4		18. CAUSE OF DEATH PART I. DEATH W	H (Enter an	ly ane cause per	line far (a), (b), a	d (c1.)	1.0						NATE INTERVAL NSET AND DEATH	=
the physical street		PART I. DEATH W		D BY:	spirit	Vy 7	ailu	4 4	400			DES WEETS OF	SSET AND DEATH	_
es that the death cented by the attending please remove carbourial, cremption, at it, or ather traumatice.				DUE TO. O	R A& A CONSEQU	90			0					
e death e nave cor nove cor nove cor revenati		Canditians, if any,	which	(b)	meun	ow	5							
the a		gave rise to imn cause (a), statin	nediate	DUE TO, O	R A A CONSEQUI	THE OF	+ /	0	0					-
by by ose of cre		underlying cause		10000	hume	ob	buch	we les	- ele	ino				
gned n ple burio y, or		PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	MAL DISEASE	OR CONDITION (GIVEN IN	PART Ita		_
The r to l	ON N													
1 4140	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	FORMED	20a AUTOP	SY? 206. IF	YES, WER	E FINDING	GS USED OF DEATH?	_
25 221	F								YES 🗍	NOM	YES [LAUSES C	NO []	
National Marie		210. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c HOW	INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM	8 PART I OR	PART 2)		
9, 1111/	3	(IF EITHER NOTIFY MEDIC				19								
Physical Phy	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY	ADM ETC I	21f. LOCAT			CITY OR TOWN		UNIY	STATE	-
of the state of th	2	WHILE NOT WH	ILE	(AT HOME, SI	REET, FACTORY, OFFICE, F	AKM, EIC	SING			CHIORIOWN	(0	OI411	STATE	
O A STATE OF		220.1 certify that (1)	(this haspit	al) ottended th	e deceased fram_		985		, to	3-4	19_5	2 th	nat (I) (we) las	st.
E 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the decease	d alive on,	2 (-	37/19-	, ar	d that in (m	y) (aur) apinian	death occurred	on the date and h	aur and f			
· 有 無 是 2 章		22b. SRG ATUR		1	111		DEGREE		/		122	DATE	GNED .	-
4 4 4 4 4 4 4		Jan	asm	M	meno	15		ATTENDING	MEDICAL	STAFF PHYSICIAN	1	3//	1/8-	7
1 9 1 2 7		22d PHYSILIAN'S NA	ME street or	11690)	1	/	22e ADDRI	ESS 7525	GREENWA	Y CENTE	S DE	1316	10	-
5 5 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7		MES HA	RDING	M.D.		(, , , , ,		D. 2077				
51 5115	23o E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	METERY OF	R CREMATORY	123d LOCATI					_
BP	(CREMATI		3-12-				MATORY	CITY OR	TOWN	COUN		STATE	
	24 FL	UNERAL DIRECTOR	O21	J 7-2-C-	-)0 01	ARIDE N	o CREI			RDALE SISTRAR 256, REG	P.G.		Md	
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	W. W. CHAM	BERG	00	ADDRESS ADDRESS	TT: 34	2 0000	1.666.0	1 8 100	7	Carl dead	- North	لملك	
(10, 4)		" UILAIM	מוניםט (00.	RIVERDA	۷ و کلیا	0.507.	3	1 0 190	17			100	



050000	1.	-				STAT	OF MARYLAND					
050033 AR	110	FÖR STATE .			DEPA		EALTH AND MENTAL H	YGIENE				
	1.	REGISTRAR				CERTIF	ICATE OF DEATH		B REG. NO.	0	9	123
		CEASED NAME	FIRST		MIDDLE		AST	2a. DATE	OF DEATH MON	ITH DAY	YEAR	2h HOUR
moy be poge 3	(TYP	E OR PRINT)	WILL	IAM	LEON	GR	00MS		0	3-28-8	7	1 :55PM
you do	3. SE	X	1	4. RACE		S. DATE C	E RIRTH	6 AGE	IN YEARS LAST BIRTHDA	Y) IF UND	DER 1 YEAR	IF UNDER 24 HRS
ofte of the						MONTH	DAY YEAR			MONTH		HOURS MIN.
oge oge		MALE		BLACE		MARC	H 1, 1928	59		YRS		
4 20 H		IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	NEVER MARRIED	1 1	MORE CITY OR CO			
10 mm 7 mm	CO	NNECTICUT		U.S.A		WIDOWE	D DIVORCED X		VCE GEORG	E'S CC	MINO	MD.
10 10 10	10. C	ITY OR TOWN OF DEAT	H				R OTHER INSTITUTION		AL OCCUPATION WORK FOR MOST OF WO	121	KIND OF	BUSINESS OR
5 - 15 to 19	1 9	HEVERLY	1	PRINCE	GEORGE	TSTHOSP	ITAL CENTER	LAI	BORAR	IN ING LIFE)	RIV	ATE
De le la		AL RESIDENCE (IF NURSIN	IG HOME OR	OTHER INSTITUTION							Colo	16 totales
9 3 33 48	T F	LORDIA	3b. COUN	TY	TTTUS	OTT.I.E.	13d. INSIDE CITY LIMITS?	134 SJRE	19 A TRO	PRTC	STRE	TET
3 1 34 /14	-	ATHER'S NAME			1-1-00		15. MOTHER'S MAIDEN I		7 11 1110	11110	DITT	
A I SIMO	Sann	FIRST	٨	AIDDLE	LAST		FIRST		MIDDLE		JACK	CONT
¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	ARTHUR			GR00		ELIZABE	TH			JACK	SON
OR THE STATE OF TH	160	NO OR UNKNOWN)		MED FORCES?	166 SOCIALS		17 INFORMANT		ADDRESS			
PRESTON ST., BALTIMORE, he steen the common content of the content	L	NO	11/	a	223-3	0-1520	SHERRI KI	TTRE	LL 710 !	oth Si	Γ. S	.E. WASH
A # SE		18 CAUSE OF DEATH	(Enter onl	y one couse per	r line for (a), (b)	, ond (cu)	-0				APPROXIA BETWEEN O	NATE INTERVAL
The state of the s		PART I. DEATH WA	SCAUSED	BY E CAUSE (o)	- 501	otic	SWOCK	4		110		
N P P P P P			WWEDIAII			-(^-	- 1	1	0			
0 4 9 9 9	1	Condition if	12.1	DUE TO: O	R AS A CONSE	in hi	Q1/2	1000	1			
H 0 0 0 0	1	Conditions, if ony, gove rise to imme	ediate	(h)	- 14	79101	910	Ceto	-/			
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	couse (o), stoting underlying couse		DUE TO, O	RAS A CONSE	QUENCE OF	94 0,00	TIL	1/11	Star 1		
E # 150 5 5	1			111	111	VIII	19 per	101	a ny			
S. 2	12	PART 2 OTHER SIGNI	FICANTC	4 /		TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE	EASE OR CONDITA	ON GIVEN IN	PART To	
DIVISION OF VITAL RECORDS, 201 W. Office of the control of the co	CERTIFICATION			the		-						
P o D o	25	19a DATE OF OPERATI	ON	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 A	UTOPSY? 20	CERTIFYING	CALISES	GS USED
Al hours	ı i							YES [YES		NO 🗌
Z 5 8 8 5 8 7 8 7	1 8	210. ACCIDENT WAS UNDE		216. TIME C	OF INJURY	DAY VEAD	21c HOW INJURY OCC	JRRED (ENTE	R NATURE OF INJURY IN	ITEM 18 PART 1 O	R PART 2)	
P 20 101	¥	OR CONTRIBUTING CA		10	.M. MONTH	DAT TEAR						
NO STORY OF THE PROPERTY OF	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION					
SE THE THE THE	E	WHILE NOT WHIL	E []	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC)	STREET		CITY OR TOWN	C	VINUO	STATE
g Kantaga		AT WORK AT WORK	_	.15 .44 11 44		2	26 00	7	- 170		17	
Zi Siff		22a. I certify that (I) (sow the deceased		3 2	G deceosed fro		d that in (my) (our) opinio	, 10 _	3/10			hot (I) (we) lost
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		abave, (1) (we) (di	d) (did not	view the bady	after death.			on deall occ	orred on the date of			
St. Bare		22b. SIGNATURE	-	-,1	-//		DEGREE ATTENDING	MEDIC	AL STAFF	In 2	2c. DATE S	IGNED
4 4 4 4 4 4 L		6	/_	elle	WI !		PHYSICIAN	DIRECT	OR PHYSICIAN		3/3	0/8/
2 4 4 4 4 5 E		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	1		22e ADDRESS	11	. //	0 /	1.1	
5 2 2 2 2		5559	111	10/14	2001		reko	TO	nevo	24/	MU	20/85
23 241 1	23a	BURIAL, CREMATION, R	EMOVAL	23b DATE	12	3c NAME OF C	METERY OR CREMATOR	Y 23d. LC	OCATION	0		
111 (RD (1 ()		BURIAL		4-3-	87				UITLAND	COU	NIA V	MARYLAND
171717		UNERAL DIRECTOR J	HNSC	N & J	ENKINS	- HICGF	MEMORIAI			REGISTRAP'S		
DHMH - 16 60M 7/84		716 KENN				SS	230 0	APR	Y REGISTARIAS	youra f	COLUMN	· Kandallo
(VRA 15, 4)		LTO ICTIVIT	47777	S TIME						V		

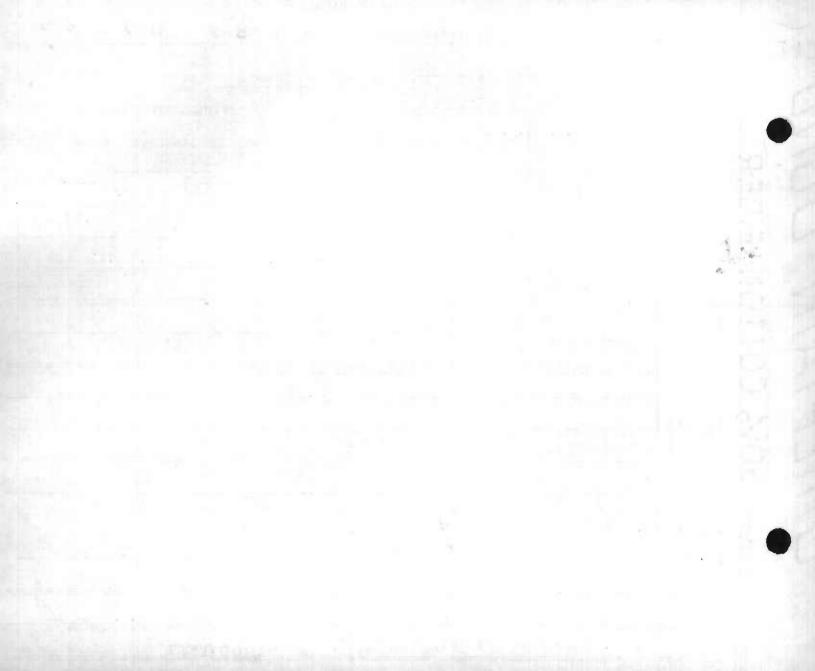
and the same of Selfor Colored States of the States

01000	- S	TATE	em #16a 4/22/87					AND MENTAL		1000	n 9	0 2	4
04938BAFR		GISTRAR ASED NAME	.,,	1.J.	ME	MIDDLE	IINEK.2	CERTIFICATE	-	4 165	3.NO.	DAY YEAR	To thous
N(OR PRINT)		MICHA	\ ET	Trent	C	shha	· ·	OF ESTI-	_		26. HOUR
EASI TOR TOR SOUR	3 SEX		4 RACE		TE OF BIRTH			ubbs NDER 1 YR. TIF UNDE	R 24 HRS	DEATH MATE	WONIH	DAY YEAR	2d HOUR
ARY, PLEASE DIRECTOR. DUR FILES. 72 HOURS	Mal	6	Caucas	MON	12/11/	YEAR LAST B	RTHDAY) MONT			RONOUNCED	3-27	-87 19 6	
A A A A A A A A A A A A A A A A A A A	G BIR	HPLACE (ST				HAT COUNTRY?	YRS.		VV	BALTIMORE CI			HOT W
出題を重要する	Mar	yland		U	.S.A.		WIDOV	IED NEVER MAR	CED []	Prince G	eorge's	County	MD.
THE THE	and the same of	ORTOWN	OF DEATH	11. N	AME OF HOS	PITAL, NURSING H		IER INSTITUTION	120 USU.	AL OCCUPATION	(TYPE OF WORK	126 KIND OF BU	JSINESS
300 mc		heverl		I	Prince	George's	Co. Ho	ospital	Post	al Clerk		Postal	Servi
AND 3 RETAIL	130 ST		13b C	OME OR OTHER OUNTY	INSTITUTION, GI	136. CITY OR TOV	MISSION) VN	13d. INSIDE CITY LIMITS?	13e STRE 3433	et address Navy Da	y Drive	20746	
MD.	14 FA1	HER'S NAME		MIDDL	E	LAST		15 MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	
		rge		L.		Grubk		Nell				McBride	
TIMOR TER DE F PAGE ES 1	(YES	NO, OR UNKNO	VN) (IF YES	GIVE WAR OR I	DATES)	16b. SOCIAL SEC		17 INFORMANT		ADD			
BALTIMORE. RS AFTER DEA. GIVE PAGES WITH FOR PAGES 1 DIVISION OF	=Nc			N/A		577-90-0		Nell Gru	ibbs	Same as	13 A-E		
A SOSOS W		PART I DE				for (a), (b), and (c)						BETWEEN ONSE	T AND DEATH
S CHARLES	-2	8/	1 SME	DIATE CAU		tiple inj							
PRESTON MAST FEE PANCE PENCHAN			is, if ony,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ing the	
N N N N N N N N N N N N N N N N N N N		couse (o)	e to immed stating the <u>ur</u>		(b) DUE TO, OR	AS A CONSEQUEN	NCE OF				-		
DAMA EN PER		lying cau	se lost.		(c)								
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTED TO THE CHIEF MEDICAL EX 3 SHOULD BE USED AS A BURE TO EXPENSIVE OF HEALTH AND TO PRICAL OF PROPERTY OF HEALTH AND TO PRICAL CREMATION OF PRICAL CR		PART 2 DIHER SIG	GNIFICANI CONDI	TIONS CONTRIBU	JTING TO OEATH	BUT NOT RELATED TO TH	TERMINAL OISEAS	E OR CONDITION GIVEN IN P	PART 1 (a).				
MED BE ME	CERTIFICATION	19a DATE OF	OPERATION		19h CONDI	TION FOR WHICH	OPERATION V	'AS PERFORMED?				20 AUTOPSY	2
TAL HIEF OSE OF HER	55											YES K	NO []
WOON WOOD		la EXTERNA	L CAUSE WA	S	216. TIME OF		21c. H	OW INJURY OCCURR	ED IENTER N	ATURE OF INJURY IN IT	EM 18 PART I OR PA		140
NO STATE OF THE ST		UNDERLYING	NG CAUSE	OF DEATH		M 3-27-87	dri	ver of a m	otorc	ycle/aut	o impac	ct	
VISION VI	. W	WHILE				OF INJURY (AT HO)		CATION	- 50	CITY OR TOWN	00	UNITY .	STAIF
BIVISION OF VITAL REC R. THIS CERTIFICATE SHOULD B VE. WRITING THE WORD "PEN PRWARDED TO THE CHIEF M R. PAGE 3 SHOULD BE USED A E. STATE DEPARTMENT OF HEA C. 31201 PRIOR TO BURIAL, O	1	AT WORK	NOT WHILE	×	hgwy		Sil	ver Hill F	d.&Rt	.4 Prin	ice Geői	rge's Co	.,Md.
ATE, S		220. I certif	y that I taak o	horge of the	e remains des	cribed obove, held	on <u>Autor</u>	sy. X Inspection	on ,	Inquiry .	ond in my or	oinion	LE-III-
MANN THE THE THE THE THE THE THE THE THE THE		death resulte	ed from:	Natural caus	ses .	Accident X,	Suicide	, Homicide ,	Undete	rmined manner			
X H B B B B B B B B B B B B B B B B B B		ACTUAL	Mars	on 1	mall	(00		TITLE (SPECIFY)	+		DATE	3-28-8	7
SE S		GNATURE_	macy	- U	MERI	Tell		.o. Assistar	IC_MEDI	CAL EXAMINER	SIGNE	3-Z0-0	/
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRIP PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH-WITH THE STATE BAUTMORE, MARKALAND, 2120		XAMINER'S TYPE OR PRIN	VT)			A. Korell		ADDRESS		Street			
EDSE49	230 BU	RIAL, CREMAT	ION, REMOV	AL 23b DA1	1 /07			R CREMATORY	CITYO	RTOWN	COUL	NTY S	TATE
07/84 BP		LAL VERAL DIREC	TOR TA		1/87	ome, Inc.	igton N	ational Ce	m Sui	tland Pr	rince G	eorge's	Md
DHMH - 17 (VR A15 ME 662		NAME			ADDRESS	inton Md		APF	2-2			- Postan	

STATE OF MARYLAND

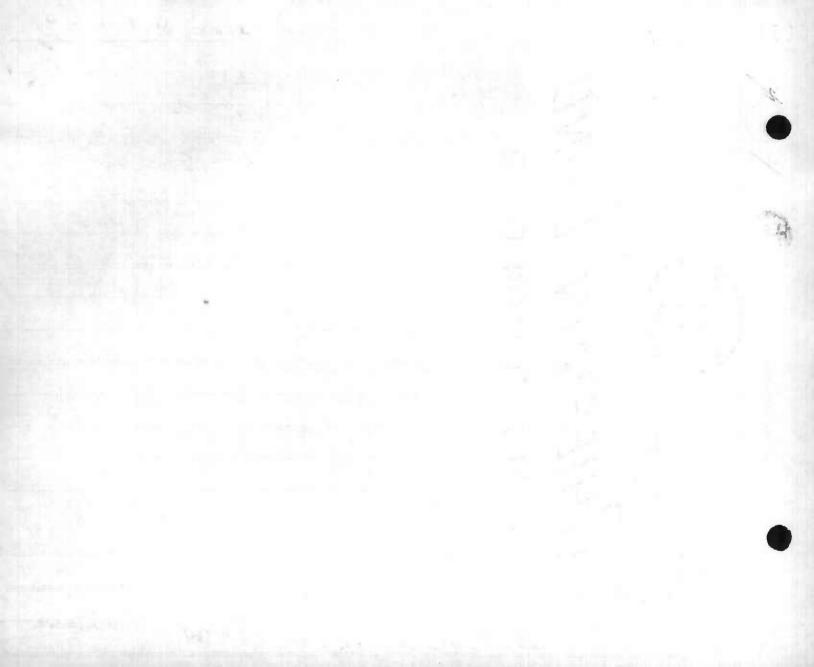
4/9

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH WEGISTRAR DELEASED NAME 20. DATE KNOWN OF FSTI-25 HOUR (TYPE OR PRINT) Patrick Joseph DEATH MATED 3-16- 1087 Hall 3. SEX 4. RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 5:40 27 Caucasian April 3, 1959 DEAD Male 1987 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Prince George's County MD Washington, D.C. WIDOWED | DIVORCED IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Electric Electrician Marlboro Rt 4, North of Old Cram Road ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20745 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 5611 Helmont Dr. 13b. COUNTY Prince George Oxon Hill Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME R. MIDDLE O'Donald Nina Hall Ronald 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Ronald E. Hall oxon Hill, Md. 578-94-3183 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio-cerebral injury IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL CHORNARDED TO THE CHIEF MEDICAL PAGE 3 SHOULD BE USED AS A BUILL OF BEATH, WITH THE STATE DEPARTMENT OF HEALTH AN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIALL, CREMATI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 116. TIME OF INJURY HOUR XX MONTH 4:200m 71a EXTERNAL CAUSE WAS TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART TO PART 2) UNDERLYING OR Driver of auto lost control CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 211 LOCATION 71d INJURY OCCURRED THE SACTORY, FARM, ETC.) Rt. 4, North of Old Cram Rd. Prince George's MI WHILE AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion Natural causes Undetermined manner DATE 3-17-87 EXAMINER'S NAME Dennis F. Smyth, Penn St. Baltio, MD 21201 TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 3/20/87 Resurrection Cemetery Clinton P.G. Maryland 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE George P. Kalas Funeral Home Oxon Hill, Md. 6160 Oxon Hill Rd. **DHMH - 17** (VR A15 ME (5))



	11-	FOR STATE					AND MENTAL	P4 1	0	9 1	2 0	
7712 112	0	REGISTRAR	JNKNOWN #8	87-30 MED	ICAL EXAMIN	IER'S	CERTIFICATE (OF DEATH	REG. NO	0.	t	
1 1 6 11/11		CEASED NAM	AE FIRST		MIDDLE		LAST		E KNOWN	MONTH	DAY YEAR	26 HOUR
1. 88. 8. 8. E.	1 "	CK PKINT)	Lance		Andre	Н	amilton	DEA	TH MATED	3/ 15	5/ 1987	AA.
25 E S	3. SE	X	4 RACE	S DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER		ATE	MONTH	DAY YEAR	3:20
N S H	1	IALE	BLACK		YEAR LAST BIRTHD	RS. MONTI	HS DAYS HOURS		AD AD	3/ 16	5/ 1987	3:20 a M
AR AR		IRTHPLACE (STATE OR	76. CITIZEN OF WH		I a		9 BAL	IMORE CITY O			1 a m
SA S	A "	DREIGN COUNTRY	D.C.	11.	3.4.	WIDOW	IED NEVER MARK	Cont.	rince Ge	orgota	Count	7.7
NO SERVICE	10 C	ITY OR TOWN		11. NAME OF HOSE	TAL, NURSING HOM			12a. USUAL OC	CUPATION (TYPE		KIND OF BU	ISINESS
A HA	H	illares	st Hgts.		2nd Place			LIFE	GUNK!	0 4	OR INDUSTR	
Y DELAN IS NECESSAR PROFESSAR OF THE STATE OF STOTHE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES. THE STOTH OF	DSU	AL RESIDENCE	E (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION) /				, ,	1011	0
P AND		D.	C. M COUN	KI/A	WASHINGT	TN	13d. INSIDE CITY LIMITS? YES AND	13. STREET AD	BLAINE	5 3H	18.6	7
MAN 33.2.	14. F	ATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	
O SE SE H		ANTITO			MOTILIA		JACQUE	CINC		KI	VG LAST	
S S O P R	160	WAS DECEASI	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		17 INFORMANT	THE LA	ADDRESS			
S AFT S AFT S ONE S AFT S ONE VISIO		NO			UNKNOW	IN	ANTHONY	HAMILI	ON- SM	ME AS	13 4	BOVE
. × × × × × × × × × × × × × × × × × × ×		18 CAUSE	OF DEATH (Enter an	ly ane cause per line	for (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
W, PRESTON ST WITHIN 24 HOI FENCIL IN ITEM 1 MINER ALONG TRANSIT PERMI SYTAL HYGIENE, OR REMOVAL.	15.	PARTID	EATH WAS CAUSE	TE CAUSE (a) M	ultiple Gu	nshct	Wounds of	Head ar	id Neck			
STON A LOT A RIOT A COLO	1				AS A CONSEQUENCE			•				
PRESTON VITHIN 24 H KCIL IN ITEM NER ALON SANSIT PER FAL HYGIER REMOVAL			ons, if any, which									
201 W. PRI UTED WITH IN PENCIL EXAMINER FAL TRAIL ON, OR REA		couse (d	a) stating the under-		AS A CONSEQUENCE	OF						
UTED IN P		lying co	ouse last.	(c)								
	10	PART 2 OTNER	SIGNIFICANT CONDITIONS		UT NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 to				
SA SENTENTE	N N			1000								
BOVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL SE SHOULD BE USED AS A BUS TE DEPARTMENT OF HEALTH AN TO PRIOR TO BURAL, CREMATIN	CERTIFICATION	19a. DATE O	FOPERATION	196 CONDIT	ION FOR WHICH OPER	RATIONW	'AS PERFORMED?				20 AUTOPSY?	?
HOULD RD "PE CHIEF A OF HE JRIAL,	E	1000		A 07 S							YES 👽	NO 🗆
SIVISION OF VITAL RESIDENCE SHOULD STRING THE WORD "PE CORD TO THE CHIEF A PE SHOULD BE USED. E DEPARTMENT OF HEAD SHOOK TO BUILL, OUR PRIOR TO BU	1 8		IAL CAUSE WAS	216. TIME OF		21c. H	OW INJURY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM 18	PART 1 OR PART 2	A	110 🗀
A STANDARY		UNDERLYIN	G OR OR		3/ 15/ 198	_	bioat abot					
SHO THE SHOP A S	MEDICAL	21d. INJURY			FINJURY (ATHOME,		bject shot					
DIVISION OF THE OFFICE OF THE OFFICE OF THE OFFICE	X	WHILE AT WORK	NOT WHILE	of a	ORY, FARM, ETC.)		F 22-4 DI	CITYON	100014	COUNT		STATE
TA WAY		AT WORK	AT WORK	parke	d auto at	1430		ace, Hil	Icrest	Hgts.,	Pr.Geo	, Ma.
L EXAMINER: E CERTIFICATE DUID BE FOR H, WITH THE S MARYLAND,		220. I cer	tify that I took charg	ge of the remains desc	ribed above, held an	Autop	sy X, Inspection	an L., Inqu	ry L. an	d in my opini	an	
WHITE BELLEVIEW		death resul	ted from: Natu	ral causes	Accident , Su	licide 🔲	, Homicide K.	Undetermined	manner .			
EXAMI CERTIF DILE BE DILE BE WARYL		ACTUAL		0. V	1/		TITLE (SPECIFY)			0.475		
SHOW SHOW		SIGNATURE		1	/	M	DASSIStant	MEDICAL EX	AMINER	DATE SIGNED.	3/16/	87
EDK NEINE	4	EXAMINER'S	S NAME	D	WCC	4 5		11 -				
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU ATO FUNETAL D ATO FUNETAL D BATTIMORE, M		(TYPE OR PR	INT) GI		Kauffman, I			11 Penn				
5Z45AA_	236 E	URIAL CREM	ATION, REMOVAL		23c. NAME OF CE			23d. LOCATIO		COUNTY	ST	ATE
07 94 BP				3/20/87	LINCOLA	1 410		SUITE		1. G	MD.	
25/M DHMH - 17		UNERAL DIRE	CTOR	ADDRESS.			25a. DAJE	REC'D. BY REGIS	RAP 256 REGI	STRARIFORG	millouge	
(VR A15 ME (5))	H		MSHINIGTO		4925 BUR.	20464	S HIE WE	11 1 0 6	01			

STATE OF MARYLAND



	1			STATE OF MARYLAND		
6506 MAR	N)	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 ZEG. NO. O	9027
m =		CEASED NAME FIRST	Marai e	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
noy be poge 3		Jacque:		Hanson	3. 6	7-81245 1
ge 4 mc ctor. p	3. SE	x emale	Caucasian	5. DATE OF BIRTH 019NTH 18/DAY41 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 46 YRS.	MONTHS DAYS HOURS MIN.
8 4 9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
deon deon	M	arvland	U.S.A.	WIDOWED DIVORCED		S MD.
110/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS II (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
130 V	1 C	linton	Southern Maryla	and Hospital	Case Worker/Ch.	Abu Courthouse
Filled in	13a M	at residence (if nursing home of state land	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP COD 9544 Victoria D	
2 sh	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN N	AME	TIVE 20112
ond ond	Н	oward	A. Vermai	llion Elizabeth	Marie	Stouffel
0 _/	160 \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 146 SOCIAL SECT		ADDRESS	Stourier
Poges medicol		YENS OR UNKNOWN) (IPNS/2	213-38-6	039 Robert Hanso	on Same As 13 A-	Æ
signed by the orbiding the billion combined to be injury, another it freeds	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, ONAS A CONSEQU	du atosis	H Lamps Minal disease of condition GI	1 72 Alwost 3425 VEN IN PART 110
hos bee permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\) NO \(\)
hysicic ficate fransit Hygie 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM IB	
certification of the management of the managemen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19		
the bund w	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
After 05 t 1th 0		AT WORK AT WORK		110 cl	4 Hard 9	67
or use or use or use or use or use		saw the deceased alive a	pital) attended the deceased fram_	PT and that in (my) (aux) apprior	death occurred on the date and ha	19 , that (I) (we) last
RECT red fo red fo ren 2		abave, (1) (we) (did) (did n	at) view the bady after death.	DEGREE	death occorred on the date and had	27 DATE SIGNED
9 000 5	1	Wick poll 1	5. 1810111DA	ATTENDING.	MEDICAL STAFF	2/2/21
Sipt ANT		224. PHYSICIAN'S NAME (TYPE	OR PRINT	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1-/3/01
should be deto		MICHAEL	G. SEREMETI	5, MP 3981 FER	RARA DR-SIL	NER SPRING, MI
	23a	BURIAL, CREMATION, REMOVA UPIAL		NAME OF CEMETERY OR CREMATORY Aryland Veterans Ce	23d. LOCATION Choltenham P	rince George's M
BP			uneral Home, Inc.	-	The state of the s	
MH - 16 60M 7/84 (VRA 15, 4) 66			Ferry Rd. Clintor		Mr. 9 3 1987 130 KG13	INAN 3 SIGNATURE.
(400 13, 4) 66	13	ord Alexander I	reity Ru. CITHOL	1, 144 20133		

The contract of the state of th

Void Death Certificate #87-09028



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) :05 MARCH 20, 1987 HARPER 4 RACE A AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF LINDER 1 YEAR 3 SEX YEAR MONTH DAY Male White 12 25 34 O BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Kentucky U.S.A. PRINCE GEORGE'S COUNTY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Laurel Truck Driver Self-employed GREATER LAUREL BELTSVILE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13e.STREET ADDRESS / ZIP CODE California Riverside Riverside 10301Adriana Ave. 92505 YES X NOF 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Knox NMN Harper Glenda NMN Adair 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) TYES NO OR UNKNOWN) 384-32-2570 Sandra K. Harper Same as 13e Yes Korean 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic ALUTE ANTERIOR WALL MYOCARDIAL INFARCTION PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF SHOCK CARDOGETTIC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY FALMERE underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO I 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE 77b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [3.20.87 22d. PHYSICIAN'S NAME 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial COUNTY 3/23/87 Arlington Memorial Cem. Riverside Ca. 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1331 Rockville Pike Rockville, Md. 20852

C = C = C = C = T and the state of t the state of the state of the state of the state of The same of the sa

STATE OF MARYLAND 0 4 6 9 3 5 MAR 13 STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE KNOWN DO MONTH OF ESTI-DEATH MATED PAZICA (TYPE OR PRINT) OWI DATE OF SIRTE 4 RACE 3. SEX & AGE (IN YEARS FUNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK THE REST OF BUSINESS YOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OWNER-ODERATOR UAL RESIDENCE (IF IN NUR 130 STAT 13d INSIDE CITY LIMITS? 4. FATHER'S NAME FIRST MIDDLE auric 60 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 214. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE EXECUTETIE DESTRICATE
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR IN
AFTER DEATH, WITHEST
BATTIMORE, MARTINALIN 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from Natural causes Hamicide ____ Undetermined manner Suicide TITLE (SPECIFY) **ACTUAL** SWINATE MEDICAL EXAMINER MANINER'S NAME THE OR PRINT ADDRESS 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION Unla 07/84 25M 24-FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

many to the good the contract of the contract

010000 00		FOB =				SED A DT		TE OF M									
046898 MA	14						MENT OF						0	Q	11	3 1	
	1 50	REGISTRAR CEASED NAME	FIRST		WEL	MIDDLE	EXAMIN	IEK.2 C	EKTIFIC	CATEC			REO! N	10.			
		E OR PRINT)		33				77-11	,A31			OF	ESTI-	_		YEAR	26. HOUR
E SEE SEE	0.05		Mild			В.		Hatte					MATED [-2-	1987	M
RY, PLEAS DIRECTOR DUR PLES ON STREET	3 SEX		4 RACE	MONTH	OF BIRTH	YEAR	6 AGE (IN YE	AY) MONTH	DER I YR.	IF UNDER		RONOUN	CED	MONIH	DAY	YEAR	26 HOUR 8:2
ON TOTAL		nale	White			1915		RS.				DEAD		3.	-2-	1987	ам
S S S S S S S S S S S S S S S S S S S	FC	RTHPLACE (5)			EN OF WH	IAT COUN	ITRY?	8 MARRIE	D NE	VER MARR	IED 🔲		ORE CITY	_			
NECSSARY, PLEASE FUNERAL DIRECTOR, 5 FOR YOUR FLES. W PRESION STREET		ennsylva			.S.A.		1000	WIDOWI		DIVORC			ince (-		- MU.
AAGE S		ITY OR TOWN		II. NAA	AE OF HOSI	PITAL, NUI	RSING HOM	E, OR OTHE	R INSTITU	TION		AL OCCUP	CATION (TY	PE OF WORK	12b KI	IND OF BUSER	SINESS
事の二階級 —			nington			-	ston]					nemak			H	ome	
TO SEE SE	13a S	AL RESIDENCE TATE	(IF IN NURSING HOME COUN		STITUTION GIV		OR TOWN		13d. INSIDE (ITY LIMITS?	113e STRE	ET ADDRES	SS				
E 《多品品的		ryland	P.G.				Washi			NO 🗆	1290	O Li	vings	ton :	Rd.	/ 207	35
V Franck B	14. F	ATHER'S NAME		MIDDLE			LAST		TS. MOTHE	ER'S MAID	ENNAME	AA1	DDIE			LAST	
# \$802		Albert		G.			oscan		Il	ona		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Min	da	
WW WW	16a. \	VAS DECEASEL	DEVER IN U.S. AR	MED FOR	CES?	16b. SOC	IAL SECURIT	Y NO.	17 INFORA	THAN		A	ADDRES	5			
ALT AND MSK MSK		No		one		050-	-18-19	81	Marg	aret	Hall	1002	6 McC	ree	Rd.	Dalla	s, Tx.
LURS WITH		18 CAUSE O	F DEATH (Enter on	ly one car											RET	APPROXIMATE WEEN ONSET	INTERVAL AND DEATH
PRESTON ST., THIN 24 HOUR THE ALONG W SER ALONG W SER ALONG W SER ALONG W SERVICENEE, D SEMOVAL	7	COS	ATH WAS CAUSED		Sm	oke a	and So	ot in	nalat	ion							
AND	-	0/0	10	(DI	UE TO, OR	AS A CON	ISEQUENCE	OF							45		
			ns, if any, which se to immediate		(b)			100									
M N N N N N N N N N N N N N N N N N N N		cause (a) lying cau	stating the under-	D	UE TO, OR	AS A CON	ISEQUENCE	OF									
8 E38368					(c)				Mile.							150	
WANTER OF B	0		GNIFICANT CONDITIONS							N GIVEN IN PA	RT 1 (a).						
- SEASONE CONTRACTOR	0 N		erioscler														
TAL BE TOUID BO "PE A HEF A HE	IFICATION	190 DATE OF	OPERATION	19	b. CONDIT	ION FOR	WHICH OPER	RATION W	AS PERFOR	MED?					20	AUTOPSY?	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTION OF THE WORD FENDING ROBE TO THE CHEE MADICAL AS 3 SHOULD BE USED AS A BUT OF THE SHOULD BE USE	E															YES 🔀	NO 🗌
NOF VITE OF THE	CENT		L CAUSE WAS		TIME OF		DAY YEA	8			DIENTERN	ATURE OF INJU	URY IN ITEM 18	B PART I OR	PART 2)		
NO HOUNTER	CAL		OR NG CAUSE OF I		3 XX		13.9		use f	ire	17-5		33 7				
VIS SEP	MEDICAL	21d INJURY C		7.	home"	ONY FARM ET	SMITHOME.		ATION			CITY OR TOW	VN		OUNTY	-	STATE
サランススタンド	-	AT WORK	NOT WHILE E	ZXZ	HOME			129	900 L	iving	ston		Ft. T	Wash:	ingto	on, M	D
RE ST ID, 2		22a certif	y that I too	e of the r	emains desc	ribed abo	ve. held on	Autaps	x-	Inspectio	n 🔲 .	Inquiry		Pri nd in my	nce o	georg	e's
NOTE TO		death resulte	ed frage Aufrai	rat safars		Accidegt	St St	icide .	Hamie	ide .	Undete	rmined ma					
XXAA BERTIE WITTE ARY		A	111.	1	N	1	1		TITLE (S								
A HANDER		SIGNATURE.	1 pr	11/4	1.	7111	un	M.		istan	t MEDI	CAL EXAM	INER	DATI	E 3	-2-87	
NER STEEL		EV A MAIN IEDIG				1			100					10101		1300	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORWARD AFTER DEATH, WITH THE STABLIMORE, MARYLAND, 21	-	EXAMINER'S (TYPE OR PRIN	Char	cles_	P. Ko	kes,	M.D.	A	DDRESS	111 P	enn S	St. Ba	alto.	, MD	212	01	
BATARA			TION, REMOVAL 2		1 10		NAME OF CE				CITYO	CATION		co	UNTY	ST.	ATE.
07/84 BP		CREMATI		MARCH	1/9/87	CH	AMBERS	CREM					E. P.	G. C	0.,	MARYI	AND
25M DHMH - T7		UNERAL DIREC			ADDRESS					25a. DATE	REC'D. BY			ISTRAR'S	SIGNAT	URF	• •
(VR A15 ME (5))	CH	AMBERS	FUNERAL I	HOME	SILV	ER S	PRING,	MARY	LAND	M	JK I I	1987	Bul	in die	ergery	·Kanda	-

The second secon .1 Add a not extend at its feature Total Company of the Company of the

AND REAL PROPERTY OF THE PROPE

		1					STATE OF A						
0 01		1-	FOR UNK	(.#87-3				AND MENTAL H			v 4 1 1	7 4	4
050	127 100	110	REGISTRAR	1	WED		AMINER'S	CERTIFICATE C	F DEATH	REGGO.	9 0	0	4
	6. 1 1111		CEASED NAME	FIRST		MIDDLE	2.70	LAST	20 DA		AONTH DAY	Y YEAR	76 HOUR
	25 55 55 FT	1		Bjørn			н	aug		ATH MATED	3-30	1987	M
	新日三支属 ?	3 SE	X 4. RAC		5 DATE OF BIRTH		AGE (IN YEARS IF UT	DER TYR. IF UNDER		MIL	ONTH DAY	Y YEAR	2d HOUR 8:25
	IS NECESSARY, PLEASE F FUNERAL DIRECTOR. EE 5 FOR YOUR FILES ED, WITHIN 72 HOURS W. PRESON STREET,	-	ale Cau		Jan. 9,1	939	48 YRS.	HS DAYS HOURS	D	OUNCED EAD	3-30	1987	8:25 a. M
	A HESS		IRTHPLACE (STATE OR DREIGN COUNTRY)		76. CITIZEN OF WH	AT COUNTRY	? 8 MARR	IED NEVER MARR	IED X 9 BAI	TIMORE CITY OR C	OUNTY OF	DEATH	
	SAN TANA		Norway		USA		WIDOV		ED D Pr	ince GEorg	ge's (County	, MD.
	PAGE PER PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	ID. C	ITY OR TOWN OF DE	ATH	11. NAME OF HOSE (IF NOT IN SUCH FAC			IER INSTITUTION		CUPATION (TYPE OF T		CIND OF BUS	INESS
	SE PATONE		Seat Pleas	ant			almer Hig	ghway		engineer		S. Go	
=	37 20 -		AL RESIDENCE (IF IN NO					har wear even					V C .
21201	ANY DEL		rvland	Prince	George's	Temp?	e Hills	13d INSIDE CITY LIMITS? YES X NO	3140 B	rinkley R	d 20	0748	
ė,	E 20074	14 F.	ATHER'S NAME					15. MOTHER'S MAIDE			10 61		
E, N	PATH PATH		Hugo		MIDDLE	Haud		FIRST		MIDDLE	Torre	LAST	
BALTIMORE, MD.	AFTER DEATH VE PAGES 1 VE PAGES 1 FORM PW GES 1 STON SION OF VI	160.	WAS DECEASED EVER	R IN U.S. ARA	AED FORCES?		SECURITY NO.	Erna	mt and	1 ADDWAS		gensen	
MT.	JRS AFTER 3. GIVE PA WITH FOR I. PAGES 1 DIVISION	(1	ES. NO, OR UNKNOWN)	(IF YES, GIVE V				(51	ster)		8th. A		
N N	JRS AFT B. GIVE WITH F T. PAGE DIVISIO		Yes	1959	and the second		6-1639	Mette Gaa	11	Kenosha,			
PRESTON ST.	E, D		18 CAUSE OF DEAT	ATH (Enter only	y one couse per line	_					BE	APPROXIMATE I	AND DEATH
N.	AL.	1			E CAUSE (o)		trauma to) Head					
STC	AN A				DUE TO, OR	AS A CONSEC	DUENCE OF						
0. 0.	A AN A REA		Canditions, if		(b)								
×	OR TREE		couse (a) stating	g the under-	DUE TO, OR	S A CONSEC	DUENCE OF						12,000
201	SA SENS		lying cause last	-	(c)								
DIVISION OF VITAL RECORDS.	RTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUST THE WORD "PENDING" IN PENCIL IN ITEM. 18, DO TO THE CHIEF MEDICAL EXAMINER ALCONG WISHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PRAYED TO BURIAL TRANSIT PERMIT. PROPERTY OF HEALTH AND MENTAL HYGIENE, DR. P.		PART 2 OTHER SIGNIFICAT	NT CONDITIONS C	ONTRIBUTING 10 DEATH B	UT NOT RELATED	TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 to L			-	
9	PENDII MEDINA DASA HEALTH	NO											
**	32277	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDIT	ON FOR WH	ICH OPERATION W	'AS PERFORMED?			2D	AUTOPSY?	
¥	중독교교유통	E	1000		5 11 00						St. D. Y	YES XX	мо П
>	NEW SE	ER	210 EXTERNAL CAU		216 TIME OF	INJURY (St.) 21c. H	OW INJURY OCCURRE	D (ENTER NATURE O	OF INJURY IN ITEM 18 PART	T OR PART 2)	152 1717	NO
2	SHOW STAN		UNDERLYING XX	OR OF D	HOUR A.M.	3-30							
S	S CERTIFI RED TO SE 3 SHO TE DEPAR TO PRIOR	MEDICAL	21d INJURY OCCUR	RRED	21e PLACE O		19 87 SU	oject was a	issaurce	u			
2		A A	WHILE NOT AT W	T WHILE YS	STREET, FACTO	RY, FARM, ETC)		TREET	CITY C	RIOWN	COUNTY	D	STATE
	E, WRITI		AT WORK AT V	NORK 2007	re	ar of-	5/0	Ol Palmer H	iignway,				
	A SHOW		220 I certify that	Atook charge	of the remains gesc	ribed above,	held on Autop	sy XX Inspectio	n . Ingi	Georg	e s Co	o., Mo	1.
	MINING BE FOR		death resulted from	m Natura	of courses of	Accident	intra	HamicideXX	Undetermine	d manner .			
	EXAMINER: CERTIFICATE ULD BE FOR I DIRECTOR: I, WITH THE S MARYLAND,		1/	10.	1147	17	1	TINE (SPECIFY)					
	CAL EXA THE CER SHOULD BRAL DIR SATH, WI		SIGNATURE L	ellu	up XM	MI	141114 h	D Assistant	MEDICAL E	Y A AA INIED	DATE SIGNED	3-30-	-87
	SEA SEA		A CONTRACTOR OF			/	-						
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FATO FUNNERAL DIRECTO AFTER DEATH, WITH THE BALLTMORE, MARYLAN		(TYPE OR PRINT)	Der	nnis F. Sa	ytn, M	1.D.	ADDRESS 111 I	Penn St.	, Balto.,	Md.	21201	
	TO ME EXECUPAGE TO FU	23a.B	URIAL, CREMATION,		b. DATE	123c. NAM	E OF CEMETERY O		23d LOCATIO)N			
07/84	BP		remation	7	pril3.198	Too	Cremato		CITY OR TOW	N	COUNTY	STA	
25M		24 F	UNERAL DIRECTOR	Tee F	meral Hon	m Th	IC .	250. DATE	REC'D. BY REGIS		AR SSIGNA	SE S	MD
	OHMH - 176633	0]	Ld Alexande	er Fer	ry Rd. C	Linton	MD 2073	5 APF	7 1 0 198	17 Villa Da	ordern. 1	Pandace	

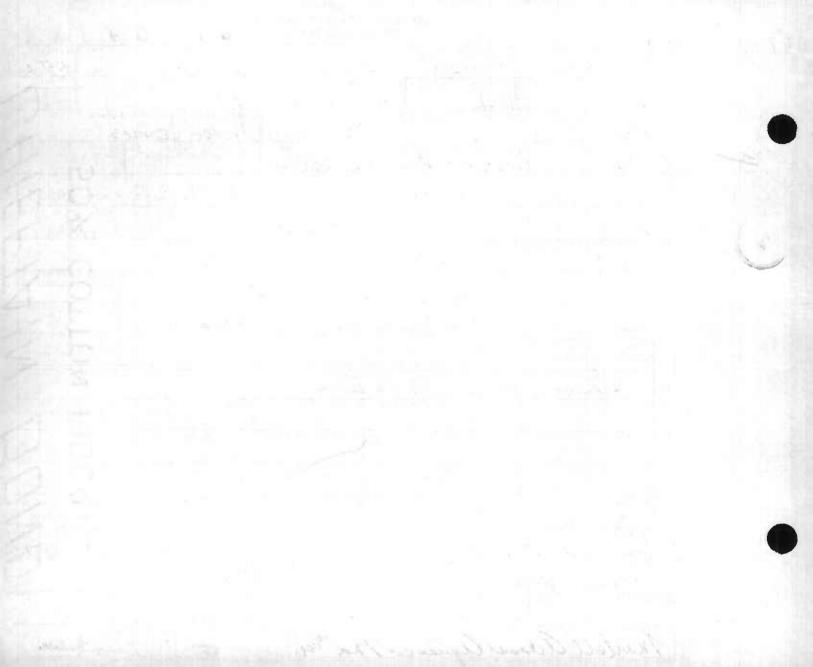
4/14

SECTION AREA TO A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN Neel OF ESTI-(TYPE OR PRINT) IY DELA'H IS NECESSARY, PLEASE DUT THE FUNERAL DIRECTOR. PAGES FOR YOUR FILES. DEFLUED, WITHIN 72 HOURS. 4 RACE S DATE OF BIRTH AGE (IN YEARS | IF UNDER I YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White Dec 20 1919 DEAD 67YRS Th CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! Washington DC USA Prince George WIDOWED _ DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Hillside Lib rarian US Gov'T 13e STREET ADDRESS 13e STATE 136. COUNTY 13d. INSIDE CITY LIMITS? Pr George No 1927 Balboa Avenue lside Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Mabel Spencer Henderson 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? APR 32 Alton PlaceNW LYES, NO. OR UNKNOWNI 1 (IF YES GIVE WAR OR DATES) 577-28-8293 Thomas M Spencer Washington DC 18: CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Lew polistio amelio presenten de seese PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) USED AS A POPE HEALTH ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT, OF HER AND, 21201 PRIOR TO BURBAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO -210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN WHILE NOT WHILE STATE EXECUTE THE CERTIFICATE.)
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on and in my opinion Notural couses Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME de LESTO P. Rodriguez, M.D. 5009 Rayburn Ct . Temple Hills. MD 230 BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 14Mar1987 Cedar Hill Crematory Suitland PG Cremation 07/B4 BP Md 25M 24 FUNERAL DIRECTOR NAME ROBERT EWILHELM ADDRESS **DHMH** . 17 (VR ATS ME (5)) Funeral Home Suitland.

Henry 312 87 The same of the sa

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN X . DECEASED NAME (TYPE OR PRINT) OF ESTI-Keith Bryan Herbert. DEATH MATED 19 87 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED Caucasian August 24,1958 Male 28 YRS DEAD 19 87 4 AM 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY Washington, D.C. U.S.A. WIDOWED -DIVORCED Prince George's County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION LIVE OF WORK 1176 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Clinton Branch Ave nr. Coventry Way(in auto) Meter Reader VEPCO Prince George Maryland Ft. Washington 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 20744 404 Hurtt Place I FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA IDD DEE MIDDLE LAST FIRST Norval S. Herbert Svlvia Μ. Cecil 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 577-90-8732 #24 DIVISI Nancy A. Herbert 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARCHAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: MAMEDIATE CAUSE (o) Smoke inhalation and thermal injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if one, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 25 19 87 Driver in auto/auto impact with fire 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC 1 WHILE WHILE AT WORK AT WORK Branch Ave. nr. Coventry Way, Clinton, P.GCo, MD. road X 220. I certify that I took charge of the remains described above, held on and in my apinion death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** M.D. Deputy Chiefpical Examiner DATE 3/25/87 SIGNATURE SIGNED EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 3/28/87 Cedar Hill Cemetery Suitland P.G. Maryland 07/84 BP. 25M 24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, DHMH - 17 Julia Divideon Kan (VR A15 ME (5))



	١.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
		REGISTRAR	CERTIFICATE OF DEATH SEED Q 9 0 3
20 Ung		CEASED NAME FIRST OR PRINT) MARTO	TON ADDRE 1.65T 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 3 - 27 - 8 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
offer Bos	3. SE		4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HOURS AIN MONTHS DAYS HOURS MIN
ral directions		RIHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? AARRIED NEVER MARRIED NEVER MARRIED Prince George's
the fune decidence of within	10. C	TY OR TOWN OF DEATH Washington	WIDOWED DIVORCED 120. USUAL OCCUPATION 125. KIND OF BUSINESS O 1179. OF WHITE OF WH
4 haurs	USU/ 13e S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	PROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JINTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE
within 24 should 2 should a should a should		THER'S NAME	G. Ft. Washington YES XX NO 12021 Linvinston Rd. 20744 MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
nd compl		Charles VAS DECEASED EVER IN U.S. AR. VES. NO ON THE YES. GIV	Herbert Gertrude Freetag RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 4 Cox Drive NY/A* DATES: 579-32-3897A John Ridgeway Machanisms 12 20050
per	=		Mechanicsville, Md 20659 APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN ONS LAND DEATH
equires that the death ce is signed by the orderiding. Then please remonents to burial, crement in a to burial, crement in a hjury, or other traumore.	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
he law raid on. has been if permit. sows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
in the interest of the interes		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR
offending of the bust	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
ATTENDIPOSPITAL OF CECTOR: A differ use of Health m 21 is may		saw the declased alive on abave, (1) (we) (did) (did) na	oital) attended the deceased from 19
NTAL OR A the hosy the hosy the hosy detached detached into Dept.		22b SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DOIRECTOR PHYSICIAN 3-28-87
TO HOSPITAL 1 TO FUNERAL 1 Should be deto with the State (MAPORTANT: II		Richard Dobson	Brandywine Waldorf Cl. Brandywine Md 20613
7 5 T 8 2 7	100	URIAL, CREMATION, REMOVAL	L 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
20			CITY OR TOWN COUNTY STATE
BP	Bi	rial	

• • • •

		#18	Ba, 21a.,	-22a.,	4/7/	87 by	Med.			ARYLAN								
	1	1-	FOR Exam.	, / Gb;	j.	D	EPARTA			AND ME				0	Q	0	3	1
	1	1 00	REGISTRAR			WEL		XAMIN		ERTIFIC	CATEO		-	REG. NO.	,	V	9	2
			CEASED NAME PE OR PRINT)	FIRST			WIDDLE			LAST			DATE KN	ESII-	MONTH	DAY	YEAR	2b. HOUR
7 6 6	36 型型 10	0.7		Don			.chae			HIll			DEATH M	ATED	3/	7/	19 87	M
	APPEROE, IO	3: SE)	4. F	RACE	MONTH	OF BIRTH DAY	YEAR	6. AGE (IN YE			IF UNDER 2		DATE	D	MONTH	DAY	YEAR	1:45
	S S S S S S S S S S S S S S S S S S S	4		Black		3, 19			RS.				DEAD				1987	P M
-	BASES/	7a B	IRTHPLACE (STATE	OR	7b. CITIZ	EN OF WH	AT COUN	TRY?	8. MARRI	ED NEV	ER MARRIE	D 🔀 9		RE CITY OR	-			
•	BASSA	Wa	shington		Uni	ted S	tates	S	WIDOW		DIVORCE			ce Geo				
	お 単 次 日 ま	10 C	ITY OR TOWN OF	DEATH				REET ADDRESS	E, OR OTH	ER INSTITUT	ION		L OCCUPAT	TION (TYPE C	DF WORK		ND OF BU	
	SOS AND		oulevard		1	15 Cl					CK	Mech				Auf	tomot	ive
5	OFF ST	13n S	AL RESIDENCE (IF IF	135 COUN		TITUTION, GIV		OR TOWN		13d INSIDE CIT	TY LIMITS?	13e STREE	TADDRESS			1	100	15 1
212	製品語の	M	aryland	Prin	ce Ge	oeges	Cap.	. Hts.		YES 🔀	NO 🗆	1815	Clar	k Pla	ce	Shall	1/4	3
15	10 1/	14. F/	ATHER'S NAME		MIDDLE			AST		15. MOTHER	R'S MAIDEN	NAME	MIDD	LE		1	LAST	
(29	1 X X X X X X X X X X X X X X X X X X X	J	ohn		W.		H:	ill		Li11	lian		Miss				mpson	1
1 29	2/2/	16a V	WAS DECEASED EN	ER IN U.S. AR	MED FOR	ES?	16b. SOC	IAL SECURI	Y NO.	17. INFORM	Moth	ner		ADDRESS	4 1			
7	Part of	n		(**************************************	TYAK OK DAT	- 0,	144	<	11	Lillia	an Hil	11- 1	815 C	lark :	P1.,0	Cap	.Hts	Md
1	N N N		18 CAUSE OF D	EATH (Enter or	ly one cau	se per line	for (o), (b),	and (c).)	L/A NO			1-				AP	PPROXIMATE	
S	IN 124 HOU IN ITEM 18 R ALONG USIT PERMI HYGIENE, MOVAL.		PARTIDEATE	IMMEDIA	D BY: TE CAUSE	(a) Na	rcoti	c and	alco	hol in	ntoxic	ation	n-					
PRESTON	A LOVA		11.13					SEQUENCE										
	ANS ANS REV			if any, which to immediate		(b)			-		11/7							
3	TED WITH XAMINE XAMINE AL - TRAP MENTAL N, OR RI			ting the under-	<	E TO, OR	AS A CON	SEQUENCE	OF		4-1-1				7 7 1		7	
201	S S S S S S S S S S S S S S S S S S S		lying coose i	031.		(c)			- 3	100	Jan.		7				-4.1.	
DIVISION OF VITAL RECORDS, 201	D BE EXECUTED WITHIN 24 FENDING". IN PENCIL IN ITEA MEDICAL EXAMINER ALON AS A BURIAL. TRANSIT PER ALIH AND MENTAL HYGIER CREMATION, OR REMOVAL		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTION	G TO OFATH B	UT NOT RELAT	TEO TO THE TER	WINAL OISEASE	OR CONDITION	GIVEN IN PART	11-01-					11-24	
0	HIS CERTIFICATE SHOULD BE EXE WRITING THE WORD "PENDING VARDED TO THE CHIEF MEDICA AGE 3 SHOULD BE USED AS A BILL ATE DEPARTMENT OF HEALTH ATE OF THE DEPARTMENT OF	CERTIFICATION									302	- 11						
1 2	AL HE	3	19a. DATE OF OP	ERATION	19	b. CONDIT	ION FOR V	WHICH OPE	RATION W.	AS PERFORM	MED?				1	20 A	UTOPSY?	
77	TREE TO THE TENT OF THE TENT O	E								h	De St	18.18					res 🛚	NO 🗆
0	A HE WEN		210 EXTERNAL C			OUR A.M.		DAY YEA	R 21c. HC	OW INJURY O	OCCURRED	(ENIER NAT	URE OF INJURY	Y IN ITEM 18 PA	RT 1 OR PART	1 2}		
O	SA SO SE	MEDICAL	UNDERLYING CONTRIBUTING			? P.M.	3	7 1987		oject :	used	drugs	and	alcoh	ol.			
IVIS	DEP DEP	S S	21d INJURY OCC		21	e PLACE O	ORY, FARM, ET	(AT HOME,		CATION			CITY OR TOWN		COU	ary	land	STATE
۵	E, WRIT RWARDE PAGE 3 STATE D , 21201		AT WORK A	TWORK	4	Н	ome		1815	Clar	k Plac	ce, B	lvd.	Heigh	ts P	rin	ce Ge	eorges
	FORWA FORWA		22a. I certify th	not, hosk char	pe of the re	mggs desc	nibed abov	ve, held on	Autops	X	Inspection		Inquiry [], and	іп ту орі	nion		
	N C C C C C C C C C C C C C C C C C C C	100	death resulted f	rom: Nati	rat couses	01	Acuton		vicide .	, Hamici	ide .	Undeterr	nined monn	ner X.				
	NIRE WILL		of worder	111	11 1	11	1-	/		TITLE (SP	PECIFY)							
	A HE W	1	SIGNATURE	LA.	01	- CA	OFF		М.	D Assi	istant	MEDIC	AL EXAMIN	IER	DATE	b	3/8/	87
	NE SE T	1	EXAMINER'S NA			11												
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AT FER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	CI	parle	s P./	Kokes	, M.D		ADDRESS		Penr	st.					
	577549	111	URIAL, CREMATIO			100.00	100			RCREMATO		23d, LOCA	ATION		COUNT	TY	S.T.	AlE
07/84 25M	BP527	Bu	urial		3/14/	87	Ce	edar H	ill C	emeter	ry	Su	itland	d, P.(G. M	lary	land	
25M	DHMH - 17	100	UNERAL DIRECTO		1771	ADDRESS				2:	S. DATE RE	C'D BY RI	GISTRAR 107	356 REGIST	RAP'S SH	GNAT	URE.	
	(VR A15 ME (5))	A	LEXANDER	S. POP	E - 261	7 Pa	Ave.,	S.E.	Wash !	DC	MAK	7 1 15	201. 9	homes of	I STATE OF STATE OF	J. Km	AND ALCOHOLOGY	



DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 7h HOUR L DECEASED NAME FIRST March 29, 1987 5:00 PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 75 9 BALTIMORE CITY OR COUNTY OF DEATH Prince Georges' 176 KIND OF BUSINESS OR INDUSTRY Housewife Own home 13e STREET ADDRESS / ZIP CODE 7010 Kipling Parkway 15 MOTHER'S MAIDEN NAME Wine Sue 578-03-7185 Edgar L Higgins Same as #13 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LA 206 IF YES, WERE FINDINGS USED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 6510 Kenilworth Avenue #2700 234 NAME OF CEMETERY OR CREMATORY 236 LOC 230 BURIAL CREMATION, REMOVAL 236 DATE STATE Burial Falls Church 2Aprill987 National Mem Park VA 24 FUNERAL DIREPOS PORT E Wilhelm 25 DA 16 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Suitland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4/10

							SIAI	E UF MAKTLAND)				
210212		. FC	OR			DEPARTA	MENT OF H	EALTH AND MEN	NTAL HYGI	ENE		-	
J F G J I b Al	1		ATE					ICATE OF DEA		() to ()		173	A 180
		RE	GISTRAR				CERTIF	ICATE OF DEA	VIII	B REG. NO).	9	0 5 9
	ī	DECEA	SED NAME	FIRST		AIDDLE	L	AST		20. DATE OF DEATH	HIMON	DAY YEAR	2b. HOUR 200
e 6 =		TYPE OR F				. 1	1	1 -			7 .	2. 0	7 ,50
ay be age 3 death			Jar	nes		HI	17	17101	7		5 3	30 8%	/ / DM
(o o o o		. SEX		4	RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER 1 YEA	AR IF UNDER 2. HRS
t te			10015				MONTH		YEAR -	46		MONTHS DAY	
s octo		- /	MALE		WI	2176	9	4	98	XX	YRS		
arife C	24	a. BIRTH	PLACE ISTATE OR FO	SEIGNI 7h	CITIZENIOE	WHAT COUNTRY?	8		/	9 BALTIMORE CITY OF		OFDEATH	
4 20 %	200	COUR		TE ION	CITIZEINOI	WIAI COUNTRY.	MARRIE	NEVER MAR	RIED	-	•	OI DEATH	
100		Vi	rainia		U.S.A		WIDOWE	DI DIVOR	CED	Prince Ge	corge		MD
the do	New T		OR TOWN OF DEAT	н 11		OSPITAL, NURSIN				12a USUAL OCCUPATIO	-	12h KIND	
the factor of th	1/				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)					E) INDUSTR	OF BUSINESS OR
5		to	restville		Reger	icy Nursi	na Hoi	no.	100	Filterman		Manu	facturing
120		USUAL R	ESIDENCE (IF NURSIN	IG HOME OR OT								1	0
2 2 7 2	26	13a STA		36 COUNTY		13c. CITY OR TOW		13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS /	ZIP CODE	· ~//	フラノー
N 2/40)		Ma	ruland	Prine	ce Geor	ae Clin	tou	YES NO	o [v]	6810 Danko		4	100
1 1			R'S NAME	1 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -		ge occio	COTL	15. MOTHER'S MA	70	E DOID DUNGO	/(11.1/	LAUE	
2 2 2			FIRST	MIE	DDLE	LAST		FIRST		WIDDLE			LAST
A P AV	20	W	illiam	Georg	20.	Hinto	n	Emma		Evenet	to	7	Bruant
E, A			DECEASED EVER IN			16h SOCIAL SECU		17 INFORMANT					
dic es	11	INES 8	NO OR UNKNOWN)		VAR OR DATES)			17 HALOKWAIAI		ADDITE	6810	vango.	rd Drive
W		ye	O OR UNKNOWN)	WW IT		171 10	4153	Wi	Priam	G. Hinton	(Pin	ton - M	1) 20735
E / 6 . 3 A .	/ =					-				O. TICILLOIL	CCCI	COM	20133
BALTIMORE CO		18	PART I. DE ATH WA	(Enter only	one couse per	ling for (a), (b), yh	1(0)	1.	1			Mines	DEATH_
4 4 9						ande	1900	steva	Lovy	1 Unne	2	Din	ed
PRESTON ST ne death ne oftendin maye culture materion, ett			- 1	MMEDIATE	CAUSE	10.0	-	1	- //			1	
NO A PROPERTY					DUE TO OF	EAS A COMSEQUE	NCE OF		d	// >	•		//
STC eot on,		C	anditions, if any,	which		1 000	an-	and	100	cluse	AA	- 34	1/2
A P P P P P P P P P P P P P P P P P P P			ove rise to imme		(0)	COY	- 0	1	-		77	-11	7-
the en			ouse (a), stating		DUE TO: OF	AS A ONSEQUE	NCEO	- //	m ~	from "	//	-	
by See		U	nderlying couse	last		liene	vale	196 /	ent	enout	Ro	242	
s the		200	NAME OF TAXABLE PARTY.		167	-/-	-				77	-	11 -
S, in gan			HT 2 OTHER SHOP	FICAPPICE	NDITIONS CC	INTRIBUTING TO I	EATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE OR COND	DINON GI	VEN INTER	100 / 00
RO equ		CERTIFICATION	ne	2600	nen	· We	212	1 (Lino	nec M	KUS	Vic	rece
0 × 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		¥ 191	DATE OF OPERATE	01	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	FD	20a AUTOPSY?	206 IF YE	S, WERE FINE	DINGS USED
S b b s b		5	0	/							IN CERTI	FYING CAUS	ES OF DEATH?
A con the contract of the cont		Ē			1					YES NO	YE	S 🗍	NO 🗌
VITA N: Th hysicie consit Hygie Hygie Hygie		210	. ACCIDENT WAS UNDE	RLYING	21b. TIME O			21c HOW INJUR	RY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 I	PART I OR PART 2)
OF V	now?	0.0	CONTRIBUTING CA	USE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR						
O S S S S S S S S S S S S S S S S S S S		V (IF EITHER, NOTIFY MEDICA	LEXAMINER)	P.,	M.	19						
DIVISION OF VITAL NG PHYSICIAN: The otherding physician there is certificate in as the burial-transity than Mental Hygian Mental Hygian Mental Hygian Mental Hygian Mental Hygian in Mental Hygian in Mental Mental		MEDICAL	INJURY OCCURRE	D	21e. PLACE	OF INJURY		211. LOCATION					
ISI PP		¥ v	HHILE NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TOW	IN A	COUNTY	STATE
The part of the pa		4.5)	0-	0/	. ()	.1/2	200	
DII O A Signatura		220	I certify the	his hipspital	attended the	e deceased from	10	1- 30	10 0 4	10 / 1000	J. J.	200	, tho (I) (we) lost
Z P S S I			sow the dec	dhy an	horas	1308	>	d that in Imma Cour	n neigino (1	eath occurred on the da	to and hav	u and from th	
Spiritory Spiritory	1	-	obove, I di	di (did nose	new the body	ofter death.		a mar in the troo	170011101110	cam occorred on the du	re ond not	r and from I	ne cooses stated
OR A DIRE		241	SIGNATURA		///	. /		GREE A	75.			2% DAI	TESTIGNED F
		4	101.	. (4	61		1	ATTE	NDING E	MEDICAL STAF	F	01	17/10
RAI dei lote		L	reco	ne	1500	nepu	~		sician 🔄	DIRECTOR PHYSICI	AN 🗌	2/	3//0/
HOSPITAL ned by the FUNERAL I I the Store I the Store I		120	PHYSICIAN'S NA	ME (TYPE OR PI	RINT)			22e ADDRESS		M	1/	\	. /
0 a 15 a 5		12	15/11/	NO 1	191	NCHI	nl	1/2/201	DYDI	VHILLR	166	You	441 M
O HOSPITA etoined by TO FUNERA should be di with the Sto			トレレリ	14 6	/ 6 /	14011	74	0/00	7,07	4710-14	1	NUN	11100/1
5 5 5 2 3 3			AL, CREMATION, R	EMOVAL	23b. DATE	23c. 1	IAME OF C	EMETERY OR CRE/	MATORY	23d LOCATION			
D.D.		(SPEC	(IFY)							CITY OR TOWN		COUNTY	STATE
BP			iab	0	April			n Family		Lancaster	Ri	chmond	a Va
DHMH - 16 60M 7	(D4	4 FUNE	RAL DIRECTOR	- Ve	(is/		. 0. Bo		25A PATE	REC'D BY CO SE RAR	SASREGIS	PARSSIBN.	MARKALL
(VRA 15, 4)	/ 64	7	NAME ALL T	10000	House	AUUKESS			Will	0 1001			
[VKA 15, 4]		Jon	es-Ash Fu	neral	nome	He	ains V.	ille. VA					

Design of the second

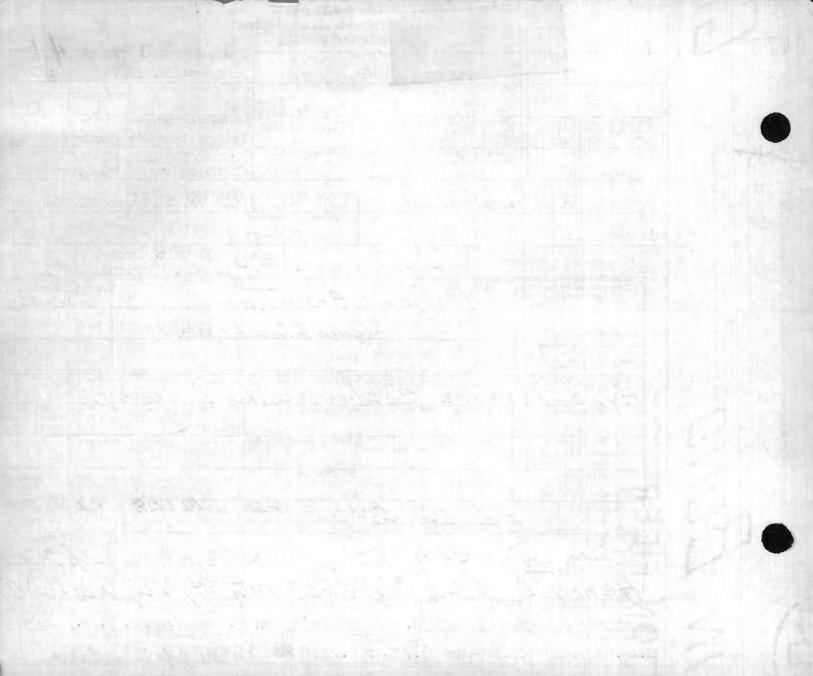
Suitland, Md.

(VRA 15, 4)

Funeral Home

STATE OF MARYLAND

						STAT	E OF MARYLAND			
	1.	FOR STATE			DEPARTM		EALTH AND MENTAL HYG	IENE		
147138 111111	87	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	0 0	1/1
0 1 1 0 0 0 0 0 11 10		EASED NAME	FIRST	A	AIDDLE	l	AŠT	20. DATE OF DEATH M	ON DAY WE	26/HOUR
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TITPE	OK PKINT)	Claren	ce I	Fisher	Hol	t	February 28	, 1987	9:25p M
moy be poge	3. SEX	The same	4.44	4. RACE		5. DATE C		6 AGE LINYEARS LAST BIRTH		YEAR IF UNDER 24 HRS
octor s of		Male		Black	2	Sept	ember 5, 1922	64	YRS.	
No Page		THPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	XXX NEVER MARRIED	9 BALTIMORE CITY OR		н
Pero oth		th Caro	lina	USA		WIDOWE		Prince Geor	ge's Coun	ity, MD.
CHAN STORY	10 CIT	Y OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPATIO		ND OF BUSINESS OR
		Lanham			-Volta St			Cartographe		Sovernment
2 11 11		L RESIDENCE OF	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 134 INSIDE CITY LIMITS?	13e STREET ADDRESS /		
2 4 305				George's			YES XX NO	9023 Volta	Street	20706
13/17	14. FA	HER'S NAME			1AST		15 MOTHER'S MAIDEN NAM	WE		LAST
3 1 1100	Wil	liam Ho	1t	MIDDLE	TAS1		Mary Fisher	WIDDIE		IASI
# # 8- 87		AS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT (Wife	e) 9023 VOIT	a Street	
MO S S S S S S S S S S S S S S S S S S S	Yes	S. NO OR UNKNOWN	WWI	WAR OR DATES	242-18-4	890	Maye E. Holt			20706
AL PROPERTY OF THE PROPERTY OF		18 CAUSE OF D	EATH (Enter or	nly one cause per	line for (a), (b), and	d ic	1 1-			PROXIMATE INTERVAL
T, m		PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (a)	Malion	ant	Brain lu	mak	6	e months
N O GHO			III TO		R AS A CONSEQUE	NCEOF	N 1 1 1	,		
25		Canditions, if		(1b)	- A CONSEGIO	(-110 blas	toma.		
E 2 2101		gove rise to		DUE TO O	R AS A CONSEQUE	NCE OF				
M to the		underlying co	ause last.	(c)_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8		PART 2, OTHER S	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAR	RT Ita
SON	O.	Hupe	24/0	9 h.S/	ve C	de	101125CH	LL DIS.	2258	
8 1 11 17	CAT	190 DATE OF OPI	ERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2	106. IF YES, WERE FILL IN CERTIFYING CAL	
# 25 25 EX	E							YES NO	YES 🗌	NO []
2 2 3 5 5 5	8	710 ACCIDENT WAS				Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INTURY	IN ITEM 18 PART I OR PAR	1 2)
0 20 10 17	CAL	(IF EITHER, NOTIFY		A I II		19				
O HO HAR	MEDIC	214 INJURY OCC		71e PLACE	OF INJURY	ARM ETC 1	21f LOCATION STREET	CITY OR TOW	n COUNT	TY STATE
N OF THE ST	2	AT WORK A	T WHILE							
00 3 1 1	19	22a.1 certify tho	it (1) (this haspi	ital) attended th	e deceased from_	BU	9 1956	, to /-eh.	28, 19 5	, that (I) (we) last
F 50 5 5	100	saw the dec above, (1) (w	eased alive and	ot) view the body	after death.	Z. a	nd that in (my) (aur) apinion (death accurred on the dat		
田子 出 20mm ま 1 mm	34	28. SIGNATURE			60 00	K	DEGREE	MEDICAL STAFF		DATE SIGNED
# # # # # J		146	ar	7 D.	cell	M2	ATTENDING PHYSICIAN	MEDICAL STAFF		3/1/87
PER SET A		224. PHYSICIAN	SNAME	R PRINT)	2- 111	200	22. ADDRESS	11 00/ 1	11, 11	1 1
# # # # # # # # # # # # # # # # # # #		Heh	14 1	0 6	0/1/	11:11	13829 14	1/3 34. 11	· W W	75h. 1)(
REARIST		URIAL, CREMATK	ON, REMOVAL	236 DATE	23c M	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
BP	-	emation	N	March 1,			am Lee's Sons		gton, D. (
DHMH - 16 50M 4/83		NERAL DIRECTO			Cre	emato	-Y 250 DAT	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIG	NATURE
(VRA 15, 4)	J.	Wm.Lee'	s Sons	Co.300-	4th St., N	TE, Was	sh., DC200021R	12 1987 446	a Decellerant	indutte.

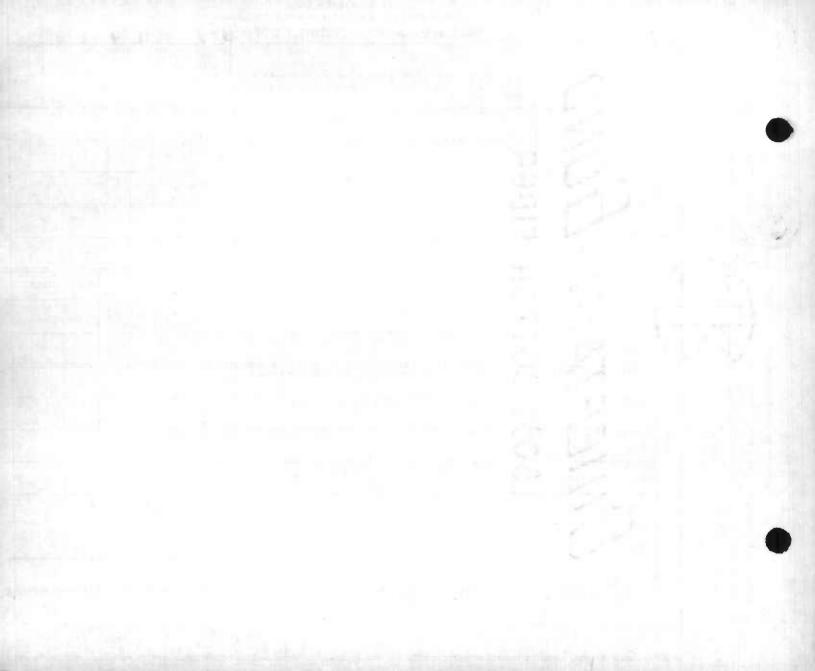


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 20 DATE KNOWN (SAMMY) (TYPE OR PRINT) ESTI-VERAL DIRECTOR.

OR YOUR FILES.

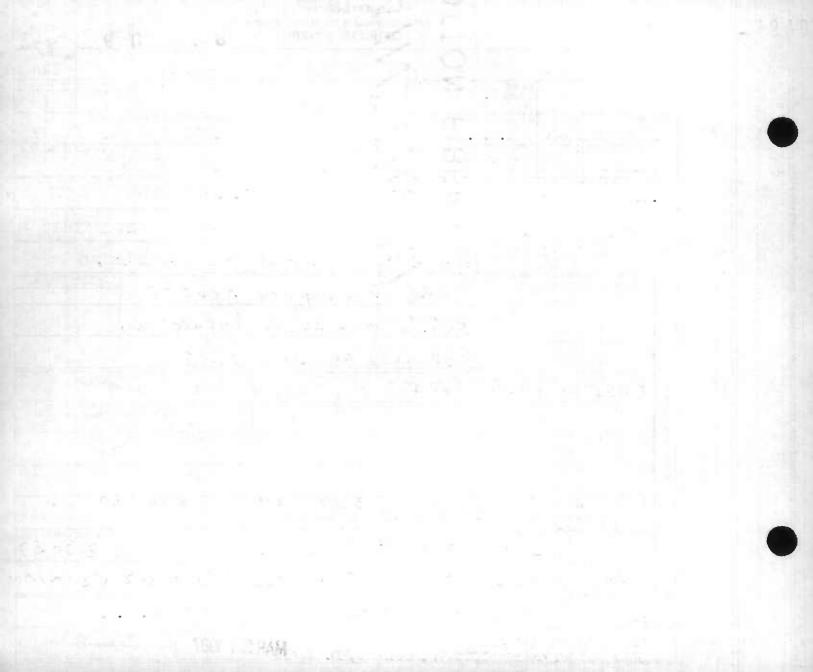
(ITHIN 72 HOURS

PRESTON STREET, 14 19 87 HOUSTON DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 8:09 B 87 51 35 DEAD 4 19 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR **9. BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED TEXAS USA WIDOWED DIVORCED Prince George's County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION MARREBORD TENTE GEORGE Air Force Base Hosp. 13d. INSIDE CITY LIMITS? 13e STREET ADDRES UNK NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE HOUSTON BÜRNS SAMMY GRACE 17. INFORMANT (78/02) ADDRESS 1300 E. 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 463940046 KINGS-TEARS MORTUARY / AUSTIN. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YESX NO [210 EXTERNAL CAUSE WAS TIB. TIME OF INJURY
HOUR XXX MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING 7:05P.M. 3-14- 1987 Pedestrian struck by auto. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) Pennsylvania Ave., Upper Marlboro, road TO MEDICAL EXAMINER: IN XECUIT THE CERTIFICATE. V TO FUNE AS BOULD BE FORW. TO FUNE ALL DIRECTOR: PA VETER DEATH WITH THE ST. BALTIMORE, MARKALAND 2 220 I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes Hamicide ... Undetermined manner TITLE (SPECIFY) MDAssistant 3-15-87 SIGNATURE_ MEDICAL EXAMINER SIGNED_ EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE . 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION TEXAS MANOR 3/23/87 PARKS SPRING MAR 1 9 1987 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) MARCH FUNERAL HOME 1101 NORTHAVE

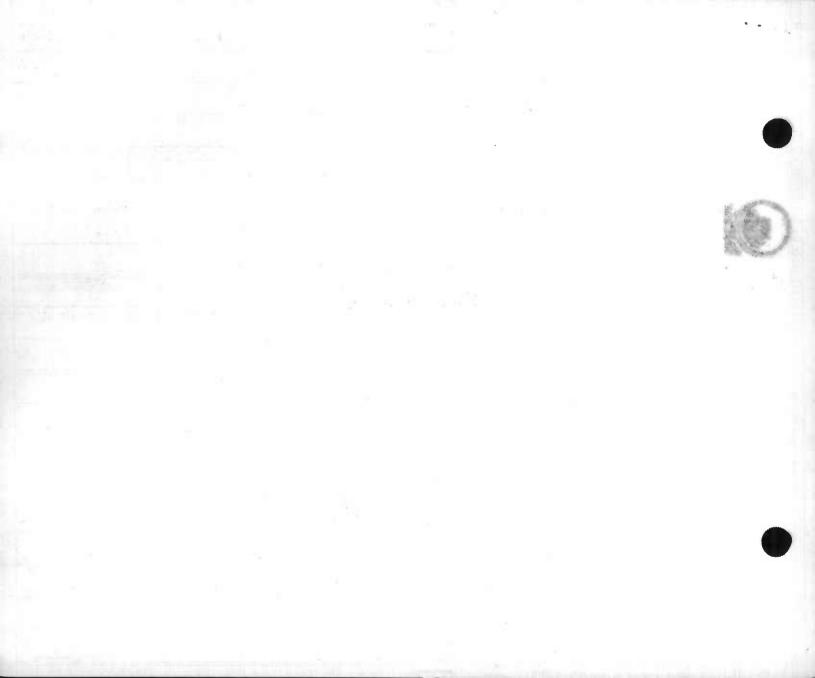


04	84	38	MAR 3	018	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 REG. NO. (9 0	4 3
					CEASED NAME FIRST	WIDDLE	l	AST	26. DATE OF DEATH MONTH	DAY YEAR 26. H	IOUR
	y be	page 3 or death		1	MARY	L		HOWELL	3-20-87		:26 A
	ge 4 may	ector. po		3. SEX	EMALE	CAUC.	S. DATE C	5 1912	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS	MONTHS DAYS HOU	NDER 24 HRS
	eoth. Po	neral dir	27		RTHPLACE (STATE OR FOREIGN OUNTRY) SOUTH CAROLINA	76. CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED D	PRINCE GEO		NTY _{MD.}
10	2 ofter o	by the fu	36		CLINTON		MARYLA	ND HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUS	INESS OR
ND 212	24 hour	filled in a	20	13 ₀ S		OR OTHER INSTITUTION, GIVE RESIDENCE ILINIY	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 FIRET ADDOKS / ZHICAPI	DE 9 2087	ist _
MARYLAND 2120	ed within	mpletely and 2 sh	7 3 3	14. F.A	JACOB	middle LAC	KEY	MARY	ANN	CHRISTOPHE	ER
BALTIMORE,	e execut	n and co	3	16a V	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES)	13214 0 00 0114 3100	SECURITY NO. 4-3811A	17 INFORMANT ELAINE HOWE	ADDRESS ELL AAFB CAMP SE	PRING,MD	
T., BALT	tificate b	physicia	vent, the		PART I. DE ATH WAS CAU	only one couse per line for (a), (ISED BY: IATE CAUSE (o)	ROID P	ULMONAR	Y ARREST	APPRÖXIMATE I BETWEEN ONSET	AND DEATH
I W. PRESTON S	that the death cer	by the attending	iai, crematian, ar re ar ather traumatic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		L INFARCTIO	N	
RDS, 201	requires	en signed Then pli	or to but	NOI	CARDIAC	ARRHYIHM	î A	HYPERTE	MINAL DISEASE OR CONDITION G		
AL RECC	he low	ion. hos ber	Sows only	CERTIFICATION	19a DATE OF OPERATION		VHICH OPERATIO	N WAS PERFORMED	YES NO IN CERT		
OF VIT	CIAN	g physic ertificate ial-trans	tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTE	H DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
DIVISION OF VITAL RECORDS	IG PHYS	attendin ter this c s the bur	th and Me arked ar h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
٥	TENDIN	TOR. Affor use a	21 is ma		saw the deceased plive	on 3 20 Inot) view the body ofter death.	from	3 - 19 19 8 nd that in (my) (our) apinior	7 , to 3-20 n death occurred on the date and he		(er (we) lost es stoted
	TAL OR A		ote Dept		22b. SIGNATURE	3, Sambon	S WI		MEDICAL STAFF DIRECTOR PHYSICIAN	3. 24	0.87
	O HOSPIT	TO FUNERAL should be det	with the State		RAJ SA		FACC		RATTS RD # 30	3 CLII	NOTIN
	-	BP	3 ≤		BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	MARCH 23 19		MOTHER	23d LOCATION CO.	N. Court	STATE
99	9904	MH/166 (VRA 15	OM 7/84	24 F	UNERAL DIRECTOR LEE FUNERAL	HOME, INC	ORESS CT. TNIT	14/	AR 2 7 1987	STRAR'S SIGNATURE	alk
				-	OD 33 ULL ALL	AMULA CERRI RI		The Lates of the l			

CYAYP OF BEACONS AND



MAD	112	FOR		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL I	IYGIENE	600044
11807	1 1	REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	0 4 0 4 4
			FIRST	WIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	1	LA	VELLE	ω.	HUGHES	March 10, 198	37 12:10 A
	3. SEX		4 RACE		5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHOAY	IF UNDER 1 YEAR IF UNDER 24 HRS
	Mo	ile	Cau	casian		75 YR	
80			REIGN 76 CITIZE	N OF WHAT COUNTR	Y?	BALTIMORE CITY OR COU	
100			1 11	ΔS	^		TOOK MD.
	10 CI	Y OR TOWN OF DEAT	TH 11. NAN			12s. USUAL OCCUPATION	176 KIND OF BUSINESS OR
75	Lai	mol					FCC
272	USUA	L RESIDENCE IN NURSE	NG HOME OR OTHER INST	TUTION, GIVE RESIDENCE BEF		110 STREET ADDRESS	
2	Mar		4				t Drive 20906
Nine.	14 FA		MIDDLE	IAST		NAME	LAST
1356		David				MIODEE	Clifford
O /					CURITY NO 17 INFORMANT	ADDRESS	0.00
2		No	(4.76%, 6.76%, 7.		-0418 Gladys R. 1	Hughes Wife San	ne as 13
#				use per line for (a), (b),	ond ici.i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ven				(Pheu	monia		
					HENCE OF		
Eng		Conditions, if any,		(b)			
er tr				TO OR AS A CONSEC	DUENCE OF		
to t		underlying couse	lost.	(c)			
		PART 2 OTHER SIGN	IFICANT CONDITIO	NS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(o)
-	ON ON	a	Izheim	ers Dist	2952		
	CAI	19a DATE OF OPERAT	ION 196	ONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
0	ETIE!					YES NO	YES NO
18						URRED (ENTER NATURE OF INJURY IN ITEM	IB, PART 1 OR PART 2]
	and l		AUSE OF GEATH				
Je /	V	LIF EITHER, NOTIFY MEDICA		P.M.	19		
×	EDICA	116 EITHER, NOTIFY MEDICA	LEXAMINER] ED 21R F	LACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
×	MEDICAL	I IF EITHER, NOTIFY MEDICA	ED 21R F		211 LOCATION	CITY OR TOWN	COUNTY STATE
s morked on then	MEDICA	HE EITHER, NOTHY MEDICA 214 INJURY OCCURRI WHILE NOT WHAT WORK AT WORK 220 I certify that	LEXAMINER 2 IR F (AT HE K	PLACE OF INJURY OME, STREET, FACTORY, OFFIC deal the deceased from	E, FARM, ETC.) 211 LOCATION STREET	7 to 3/10	
21 is morked by	MEDICA	HE EITHER, NOTHY MEDICA 214 INJURY OCCURRI WHILE NOT WHAT WORK AT WORK 220 I certify that	LEXAMINER 2 IR F (AT HE K	PLACE OF INJURY OME, STREET, FACTORY, OFFIC deal the deceased from	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	
21 is morked by	MEDICA	HE EITHER, NOTHY MEDICA 214 INJURY OCCURRI WHILE NOT WHAT WORK AT WORK 220 I certify that	ED 21R F	PLACE OF INJURY OME, STREET, FACTORY, OFFIC deal the deceased from	E, FARM, ETC.) 211 LOCATION STREET 19 ond that (Time (our) opin	on death occurred on the date and	
f hem 21 is morked by	MEDICA	IN EITHER, NOTIFY MEDICA 21d INJURY OCCURRI WHITE NOT WHAT WORK NOT WHAT WORK 22e Certify that 11 saw the decessed	LEXAMINER 2 IR F (AT HE K	PLACE OF INJURY OME, STREET, FACTORY, OFFIC deal the deceased from	E. FARM, ETC.) 211 LOCATION STREET 19 . ond that (my lour) apin	on death occurred on the date and	19 7, that (I) (we) lost hour and from the causes stated
f hem 21 is morked by	MEDICA	HEITHER, NOTIFY MEDICA 21d INJURY OCCURRI WHITE NOTIFY AT WORK NOT WHITE AT WORK AT WORK AT WORK Sow the decessed obove I Mae (d.) 22a Certify that I Mae (d.) 22b Certify Me (d.) 22b Certify Me	LEXAMINER ED 21a F (AT H This hospital) often d allow an d (I'd not) view the	PLACE OF INJURY OME, STREET, FACTORY, OFFIC deal the deceased from	e, FARM, ETC.) 211 LOCATION STREET 19 Ond that i (Timy (our) apin	on death occurred on the date and	19 7, that (I) (we) lost hour and from the causes stated
f hem 21 is morked by	MEDICA	HEITHER, NOTIFY MEDICA 21d INJURY OCCURRI WHITE NOTIFY AT WORK NOT WHITE AT WORK AT WORK AT WORK Sow the decessed obove I Mae (d.) 22a Certify that I Mae (d.) 22b Certify Me (d.) 22b Certify Me	LEXAMINER ED 21a F (AT H Whis hospital) attended a clive according to the control of the co	PLACE OF INJURY OME, STREET, FACTORY, OFFIC deal the deceased from	e, FARM, ETC.) 211 LOCATION STREET , 19 , ond that i (my (our) apin DEGREE ATTENDING PHYSICIAN	on death occurred on the date and	19 7, that (I) (we) lost hour and from the causes stated
them 21 is morked by	73a B	THE EITHER, NOTIFY MEDICA 21d IN JURY OCCURRI WHILE NOT WHAT AT WORK 22e I certify that (1) Sow the decesse obove (1) Mel (d.	LEXAMINER ED 21s. F. (AT H) Ris AT H) Rhis hospitof) often do livage, di (did not) vigw thy	LACE OF INJURY OME, STREET, FACTORY, OFFIC ded the deceased from body after death.	e, FARM, ETC.) 211 LOCATION STREET , 19 , ond that i (my (our) apin DEGREE ATTENDING PHYSICIAN	on death occurred on the date and MEDICAL STAFF ORECTOR PHYSICIAN D Lawel Power	hour and from the causes stated 27c. DATE SIGNED 27c. DATE SIGNED Record of Naza
f hem 21 is morked by	23a B	INFEITHER, NOTIFY MEDICA 21d INJURY OCCURRI WHITE NOTWHAT AT WORK 220 I certify that 101 Sow the decesses above (1) Medical The SEGNATION, R PECEFY TO MARTION, R	LEXAMINER ED 21s. F. (AT H) Ris AT H) Rhis hospitof) often do livage, di (did not) vigw thy	CACE OF INJURY OME, STREET, FACTORY, OFFIC ded the deceosed from 19 body ofter death.	211 LOCATION STREET 19 21 OCTION STREET 19 21 OCTION STREET 19 21 OCTION ATTENDING PHYSICIAN 22R ADDRESS 22R ADDRESS 22R ADDRESS 23 ADDRESS 24 3 3 3	MEDICAL STAFF OFFICE OF THE DOTAL STAFF OFFICE OF THE DOTAL STAFF OFFICE OF THE DOTAL STAFF OFFICE OFFIC	hour and from the causes stated 27c. DATE SIGNED 27c. DATE SIGNED Recomber of 27c.
f hem 21 is morked by	23a B	INFERTHER, NOTIFY MEDICA 21d INJURY OCCURRI WHITE NOTWHIT AT WORK 220 certify that (1) Sow the decesse above (1) Mac) (4) The SIGNATURE URIAL, CREMATION, R PECETY TO MACLE ON	LEXAMINER ED 21a F (AT H RE AT H A	CACE OF INJURY OME, STREET, FACTORY, OFFIC ded the deceosed from 19 body ofter death.	211 LOCATION STREET 19 211 LOCATION STREET 19 ATTENDING PHYSICIAN 22R ADDRESS 14333 NAME OF CEMETERY OR CREMATOR Methanolitan Chema	MEDICAL STAFF OFFICE OF THE DOTAL STAFF OFFICE OF THE DOTAL STAFF OFFICE OF THE DOTAL STAFF OFFICE OFFIC	nour and from the couses stated 27c. DATE SIGNED 27c. DATE SIGNED COUNTY STATE Vitainia
	shows any injury, or other traumatic event, the medical examiner must be notified of and	J. DEC ITYPE 3. SEX MAC. 10 CERTIFICATION 19 CERTIFICATION 10 CI A La	J. DECEASED NAME ITYPE OR PRINT! J. SEX Male 7. BIRTHPLACE (STATE OR FOR COUNTRY) MISSAULLI 10 CITY OR TOWN OF DEAT 13a STATE Matuland 14 FATHER'S NAME FRST Pavid 16a WAS DECEASED EVER II (YES, NOOR UNKNOWN) NO 11 CAUSE OF DEATH PART 1. DEATH WAS Conditions, if ony, gove rise to imm couse (or, stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO	REGISTRAR 1. DECEASED NAME FIRST [TYPE OR PRINT] LAVELLE 3. SEX Male 7R. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MISSOUTI 10 CITY OR TOWN OF DEATH 11. NAM 13 STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 13 STATE MATULAND 14 FATHER'S NAME FIRST MODLE PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if ony, which gove rise to immediate couse 101, storting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITION 19 DATE OF OPERATION 19 DETERMINENT OF DEATH 19 DATE OF OPERATION 19 DETERMINENT ON DITION 19 DATE OF OPERATION 19 DETERMINENT ON DITION 19 DATE OF OPERATION 19 DETERMINENT ON DITION 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. THE DETERMINENT ON DITION 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. THE DETERMINENT ON DITION 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. THE DETERMINENT ON DITION 210. ACCIDENT WAS UNDERLYING 210. AC	REGISTRAR 1. DECEASED NAME FIRST MIDDLE	The Certificate of Death I. Deceased Name Frist Modile Last LAVELLE W. HUGHES 3. Sex 4 Race S. Date of Birth Modified Male Caucasian Tuly 1 1911 Married July 2 1911 Missouri Jean Jean Jean Missouri Jean Jean Jean Jean Mortgomery Jean Jean Jean Maryland Montgomery Jean Jean Maryland Montgomery Jean Jean Montgomery Jean Jean Jean Montgomery Jean Jean Jean Montgomery Jean	REGISTAR I DECEASED NAME FIRST MODIE LAVELLE W. HUGHES MARCH 10, 198 3. SEX LARCE S. DATE OF BIRTH MONTH DAY YEAR MALE TO AMERICAL TO AMERICAL STATE ON FOREIGN COULDING TO THE MINISTRUCTURE OF WHAT COUNTRY? MARRIED WEVER MARRIED DO NORCED



STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEKTIFI	CATE OF D	EAIN	_	REG. NO	D. 1			7 2
1 DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		.S1		2a. DATE OF D	EATH	MONTH 03	DAY	YEAR 87	2b HOUR
	Edgar		A.		ey, Jr.					14		2:00%
3 SEX		4 RACE		5 DATE O	F BIRTH DAY	YEAR	6 AGE IN YEAR	S LAST BIRT	'HDAY)	MONTHS	DAYS	HOURS MIN.
M		W		09	12	11	75		YRS			
INTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVED A	ARRIED 🗆	9 BALTIMORE	CITYO	R COUNT	TY OF D	EATH	
Wash.,	D.C.	US		WIDOWE		ORCED X	Pri	nce	Geor	ges		MD.
O CITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		ROTHER INST	TUTION	120 USUAL OC				KIND O	F BUSINESS OR
Riverdal	e /		d Memoria			12.2	Deliver				nbass	su Co.
UAL RESIDENCE II	F NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CI	TY LIAA ITS?	III STREET AD	DRESS /	7IP COI			20003
Maryland		gomery	Silver S	pring	YES [NO 🗌	8108 No	ew Ho	ampsl	rire	Ave	. #103
FATHER'S NAME		WIDDIE	LAST		15. MOTHER'S							
Edgar		A	Hugule	u. Sr.		illa		MIDDLE		1	Borae	
160 WAS DECEASED			166 SOCIAL SECU		17 INFORMA		ton	ADDRE	5909			Avenue
IYES, NO OR UNKNOW	(N) (IF YES, GI	VE WAR OR DATES!	579-07-5	411	Lakana			luat.	tsvil	-	Md.	
No					Lorena	A. ny	an I	igua	SVAX	Lily	APPROXI	MATE INTERVAL
PART I. DEA	TH WAS CAUSE	nly one couse per ED BY:	line for (o), lb', on		1 0	2000	4 4			-	BETWEENC	DNSET AND DEATH
	IMMEDIA	TE CAUSE (o)	Ves DI	806/6	89 C	irre	01.					
		DUE TO, C	R AS A CONSEQUE	NCE OF	, Q		-	1				
Conditions, if		(b)_(OPU,	HAI	orew	on	. Toia	201	200	2.		
couse (o1,	stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF								
underlying	couse lost	(c)_										
PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEASE (OR CONI	DITION G	IVEN IN	PART 11	0
A POSTE OF OF	20thy	ruch.	Schize	ophre	Mig.							
190 DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RWED	20a AUTOP	SY?				NGS USED OF DEATH?
1							YES -	2000		YES [CMUSES	NO [
4 6 1							_	1	-			

HOUR A.M. MONTH

DAY YEAR 21e PLACE OF INJURY

211 LOCATION

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

22b. SIGNATURE

NOT WHILE

22a.1 certify that (I) (this hospital) attended the deceased from

21d INJURY OCCURRED

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

23a BURIAL CREMATION, REMOVAL

3601 Taylor Street Brentwood, Maryland

Burial

March 18, 1987 Gate of Heaven

23c NAME OF CEMETERY OR CREMATORY

DEGREE

Silver Spring Montgomery Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins, Dep. Ir. 500 University Blvd., W. Silver Spring,

watadmil mmmdavilla

2.01 Looking Etherst Secretaring Marufand

the particular private day in the start for its interest in the start for its int Share the second of the States Stains the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE... 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR FIRST (TYPE OR PRINT) 11:23PM DOROTHY Rean HURLEY በ3 IF UNDER I YEAR 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR MONTH DAY YE AR 08/31/13 Female Caucasian To BIRTHPLACE ESTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Nottingham, Md PRINCE GEORGE'S WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home CHEVERLY PRINCE GEORGE'S HOSPITAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Box 11410 Fenno Rd 20772 Upper Marlboroves Ki P. G. Maryland NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Adeline Harrison Carrie Henry ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. puo IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Same as 13 A-E William R. Hurley 217-32-4449 No N/A STATES WAS INTERVAL 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO O CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY ON TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC. NOT WITH WHILE AT WORK de itt teh 22n. F certify deceased from douth occurred on the date and hour and from MEDICAL STAFF PHYSICIAN 22d PHYSICIAN'S the the 3 = 230 BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Naylor Prince George's MD. Brookfield Cemetery 03/24/87 BP Lee Funeral Home, Inc. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 6633 Old Alexander Ferry Rd Clinton, Md 20735 (VRA 15, 4) chia Dividson Pandall

CONTROL OF THE PARTY OF THE PAR Level Dealer Said St. 1916 BELLO ST. C. V. DILLOUGH - Same PERSY Holder Halder

DHMH - 16 50M 1/81 (VRA 15, 4) Cremation

FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 250 DATER 4739 Baltimore Ave., Hyattsville, Maryland APR - 2

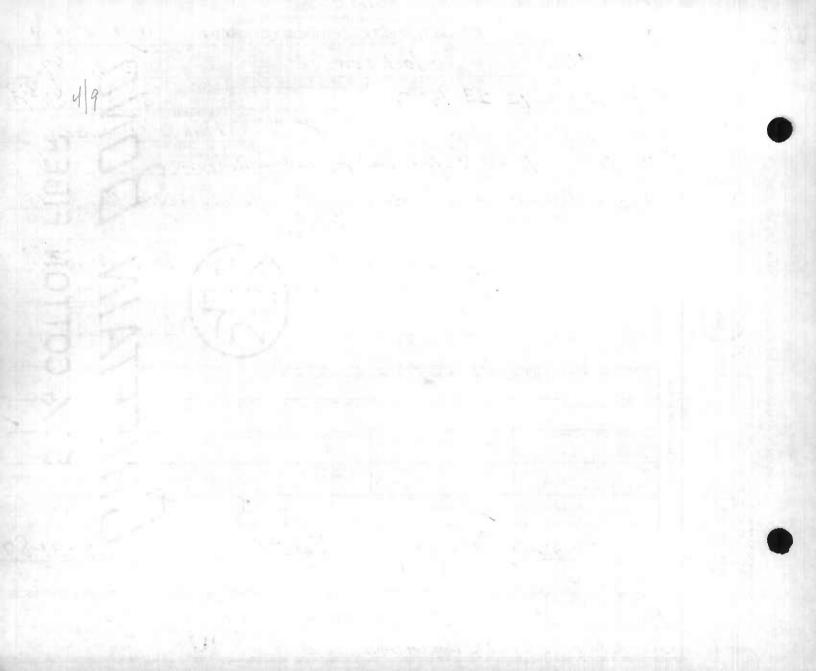
3-30-87

Metropolitan Crematory Alexandria, Virginia
ERAL HOME, P.A. 25ª DATE REC.D. BY REGISTRAR 258 BEGISTRAR SO GNATUR

4/9

The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DESTH / REGISTRAR 1. DECEASED NAME 20. DATE KNOWN IN 26 HOUR (TYPE OR PRINT) lai ackson OF ESTI-DEATH MATED 3 S. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY RED 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS EAR VIEW AUG 20745 15 MOTHER'S MAIDEN NAME MIDDLE ANDDIE PHKNEWM NUMOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO. ORAUNKNOWN) 22412 432 CAUSE OF DEATH (Enter only one come pr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY W. PRESTON IMMEDIATE CAUSE THE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [HOULD BE I NO F 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 27a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion PAGE 4 SHOULD BE FITO FUNERAL DIRECTO AFTER DEATH, WITH THE death resulted fram, Natural causes Suicide Hamicide Undetermined manner EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 736 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 15 TCHION BAST CH BURIAL 07:84 BP 25M 24. FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 756, RECHSTRAR'S SIGNATURE **DHMH - 17** LI RUSU ZZZZZZ, NORTH AUG (VR A15 ME (5))



010	674 HAR	101	^eZo		0.00.00		E OF MARYLAND	IV O IPINE					
0 4 0	O / A MAN	91	STATE REGISTRAR		DEPART		ICATE OF DEATH	8 ZEG	NO O	9 0	4	9	
			CEASED NAME FIRST	Page 1	MIDDLE	1 1	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR	}	
4	poge 3	(TYP	PLOVE	nce	Μ.	Ja	releson		3-1	2-87	9:58	AM	
200	A O O	3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2	4 HRS	
4	ge 4		FEMALE	BLA			EMBER" 20 189	7 89	YRS.	MONTHS DATS	HOURS	MIN.	
	1883	7o B	RICHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	V.S.	· A •	MARRIE WIDOWE	D NEVER MARRIED				TY	MD.	
2	11次下	10. 0	ITY OR TOWN OF DEATH			NG HOME C	OR OTHER INSTITUTION	120 LISTIAL OCCUPATION 125 VIND OF BUSINESS OF					
50 1	1300	100	LANDOVER		LANDOVER"		#101	DOMESTIC	DOMESTIC PRIVATE FAMILY				
0212	11 56	13n	STATE 136 CO	JNTY	134 CITY OR TOV	NN	134 INSIDE CITY LIMITS	STREET ADDRES	S / ZIP CODE	3			
ANE		-		EO!S.	LANDOVE	R	YESA NO	6523 LAND	OVER RI). #101	207	85	
RYL		m	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN I	MIDDLE		LA	451		
W.	1	4	ROGERS CUNNII					E. EVANS					
ORE	ond o		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES,	GIVE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT			ndover,		20772	
MITI	rs. Po		NO		579 32 0		MARY E. HAY	NES 6523 LA	NDOVER				
BA	hysic pope ovoil.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY	Ane for ial ib. o	pod ic	T	a Ar	T. S	BETWEEN	XIMATE INTERV ONSET AND D	EATH .	
LST.	ng p bon rem		IMMEDI	ATE CAUSE (0)	Marie .	Cay . Or	10 LES been	150 610	1270			-	
PRESTON	endi endi in, or			DUE TO, C	AS A CONSEQU		oma of 4	Le Colm.	Line				
RES	move protion		Conditions, if any, which gove rise to immediate	ıb)_	MUSINO		Source of 1	2000	0 0	-		-	
3	y th se re- crem		couse (o), stoting the underlying couse lost.	DUE TO, C	OR AS A CONSEQU	JENCE OF	uf	cay as .	S				
201	ring plea		PART 2 OTHER SIGNIFICAN	(c)_	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	DANINIA DISCASE OD S	ALIDITION CIV	ENLINE DADY V		_	
DS.	sign hen to bu	Z	the solone	i H	1 00	ona 25	7 1	_ ' /	_	er in pari i	rent		
COR	Day is	¥ ¥	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	1 206. IF YES	WERE FINDI	INGS USED	-	
DIVISION OF VITAL RECORDS	s de s	CERTIFICATION	0,		()	1		YES NOT		YING CAUSES	S OF DEATH		
/ITA	ysicio cote h consit I Hygier	1 2	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF I					
OF O	Ad TTO E	45	OR CONTRIBUTING CAUSE OF I	CAIN	.m. Month C	PAY YEAR	-						
NO YA	nding nding burio or he	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		21L LOCATION		RIOWN	COUNTY		ATE	
VISI	a the second	Z	WHILE NOT WHILE	(AT HOME S	TREET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OF	IOWN	COUNTY	517	ATE	
0 2	Africa Africa Maria		220 I certify that (I) (this has	pital) attended t	he deceased from.	Am	23,19 8	1. 10 at	Margo	19	, that (I) (w	(e) lost	
A SE	Pitol TOR for us		sow the deceased plive obove, (I) (we) (did) (did	10 400	1 10	87 01	nd that in (my) (our) opini	on death occurred on the	date and hour	ond from the	e couses stat	ted	
a a	hospiniRECTined for		226. SAGNATURE	C THE BOOK)	177	DEGREE	/		271 DATE	E S GNED	7	
	the pare D		Villano	10, A	-27 l	an	ATTENDING PHYSICIAN	DIRECTOR PHY	TAFF SICIAN 🗍	13.	114	87	
- d	FUNER by old be of the Ste	1	224 PHYSICIAN'S NAME (TYP	OR PRINT	,)		22e ADDRESS	,	- /	7		^	
HO SOH	0 - 0 - 0		VILLAMO	RJ.K	EY85.	M.D.	650/ La	ndo var R	I ch	-avair	4 M.	D	
Ç	5 5 5 5 3 54		BURIAL, CREMATION, REMOV.	23b DATE 3-17	CAPI I		EMETERY OR CREMATOR	23d LOCATION			+		
	BP		(SPECIFY) BURIA	3-17	-87	FT. LI	NCOLN	BRENTWO	DOD P.	G. MAR	YLAND	ATE	
DI	HMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS		2019	AR PS & BY REGISTR	AR 246 REGISTE	RAR'S SIGNA	TURE		
	(VRA 15, 4)		ROLLINS FUNI				IVI	1140 190/	Julia D	under. K	andath		
			4000 HEN	FLACE,	N.E.								

A MARKET AND A STREET AND A STR TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPERTY PROPERTY OF THE PROPERTY OF Landovor, me. 2007 IDE OF THE PARTY O

don the it will be a first and it will be a first and

. בינון לייה יבוחוב, וווס.

THE THE PARTY OF THE PARTY.

	1				STAT	E OF MARYLAND				
8597 NAR 30	97-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC	8 /	0	90	50
	1. DE	CEASED NAME FIRST		MIDDLE	i	AST	REG. N	O. MONTH DA	Y YEAR 2h	HOUR ,
noy be poge 3	(TYPE	ORPRINT)	N	C.	JA	CKSON		3.2		250 4
mod bo	3. SE	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR			FUNDER 24 HRS
ge 4		ale	Caucas	ian	Augus		66	YRS.		Mile.
Very Port	70 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	F DEATH	
Ost Took deep		rth Carolina		S.A.	WIDOWE		GNINCE	600	NBES	(0 MD.
by the filed with	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		D HOSDITHE	120 USUAL OCCUPATION OF STATE OF WORK FOR MOST OF U.S.Air For	F WORKING LIFE)	126 KIND OF B INDUSTRY • Milita	
24 hourst be in sould be in	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	NTY	13c. CITY OR TOVE ON H	VN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 716 Crawf	ZIP CODE ord St	2074.	5
etely miles	14. FA	THER'S NAME	2 -	21		15. MOTHER'S MAIDEN NA				- 12 - 12 - 12
comple to		FIRST C •	B.	Jackson		I1a IIa	WIDDLE		Seawel	.1
Poges 1		VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	JRITY NO.	17 INFORMANT	716 Cra		C+	
on ond on Poges		Yes 1940	-1965	217-26-0	609	Jane K. Jacks	on Oxon Hi	.11. Ma	ryland_	
physici popper more).		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse pe ED BY: .TE CAUSE (o)	Carolina Carolina	me	menay C	Jams		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DE ATH
			DUE TO, O	(A) A CONSE	ENCE OF	ic Model	n Mario	you		
W		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO	PR AS A CONSEQU	ENCE OF		W/c of	0 11 1	MAN	
the part of the pa		underlying couse lost	(c)	Trest		Jay COP)	TIV CA VIII	ww	10009	
puine blan y to bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	N IN PART 110	
C over the	CERTIFICATION	190 DATE OF OPERATION	19b. CON[DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, Y	WERE FINDING:	S USED
21 241 8	TIFIC						YES NOTE	IN CERTIFYI	NG CAUSES OF	F DEATH?
Hydron Hydron 1	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY	AV VEAD	21c. HOW INJURY OCCUR		_		
and a second	CAL	OR CONTRIBUTING CAUSE OF DE	TO 1111	P.M.	19		•			
14 4 4 P P	MEDICAL	21d. INJURY OCCURRED		OF INJURY	FARM, ETC }	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
0 4 5 4 9 8 W	•	AT WORK AT WORK					N2-	-	7	
S S S S S S S S S S S S S S S S S S S		220.1 certify that (1) (this hasp sow the deceased alive a	1111	haderegsed from	03.0	3-07, 19	7.10 03	3-19	tho	it (I) (we) lost
Att of	10	obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the bod	y ofter deoth.		nd that in (my) (our) op man	death occurred on the de	ofe and hour a		
CALOR V the th VALOR defooths one Desp		226. SIGNATURE	-:4	4	/	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN	3-2	3.5)
O FUNE Sould be A the Sh		ARULHAS	4 - 3 A	NSARL!		Clinton	woody.	and!	Load	#10/
5 5 5 5 5 5 4	23a E	URIAL, CREMATION, REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	-	3	
BP	В	urial	2/26/8	B7 Ar	lingto	on Nat'l. Cem.	Arlingt	on,	Virgi	nia
DHMH - 16 60M 7/84		INERAL DIRECTOR		Familia	50 0vc	n Hill Rd.	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATUR	مالا
(VRA 15, 4)	Ge	orge P. Kalas	Funeral	Home Ovo	n Hi	The True	0 0 0 4007	The state of	man	

THE WALL SHOOT OF STREET WHIT TO BE DEED TO THE WEST THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 2b HOUR 1. DECEASED NAME (TYPE OR PRINTS 7:25a. March 30, 1987 HAROLD **EDWARD** JAEGER 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH December 21, YEAR 925 Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio Prince George's County J.S.A. DIVORCED X NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 10. CITY OR TOWN OF DEATH Analyst Dept. of Defense AMI Doctors Hospital of Pr. Geo. Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE New Carrolltonyes 8516 Oglethorpe Street 20784 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jaeger Stockhaus (Unavailable) ADD8516 Oglethorpe Street 16b. SOCIAL SECURITY NO 17 INFORMANT ER IN U.S. ARMED FORCES? Yes - Army 270-20-3984 (Wife) New Carrollton, Md. Marian Jacqer APPROXIMATE INTER 0.784 18 CAUSE OF DEATH (Enter only one couse per line for 10) Ib) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. tastic Caranoma Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES | 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY ? IC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 22a. I certify that (I) (this hospital) attended he deceased from, sow the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

23c. NAME OF CEMPTERY OR CREMATORY

Metropolitan Crematory

DHMH - 16 60M 7/84 (VRA 15, 4)

TO

230. BURIAL, CREMATION, REMOVAL

Cremation

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

03/31/87

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Alexandria

Virginia

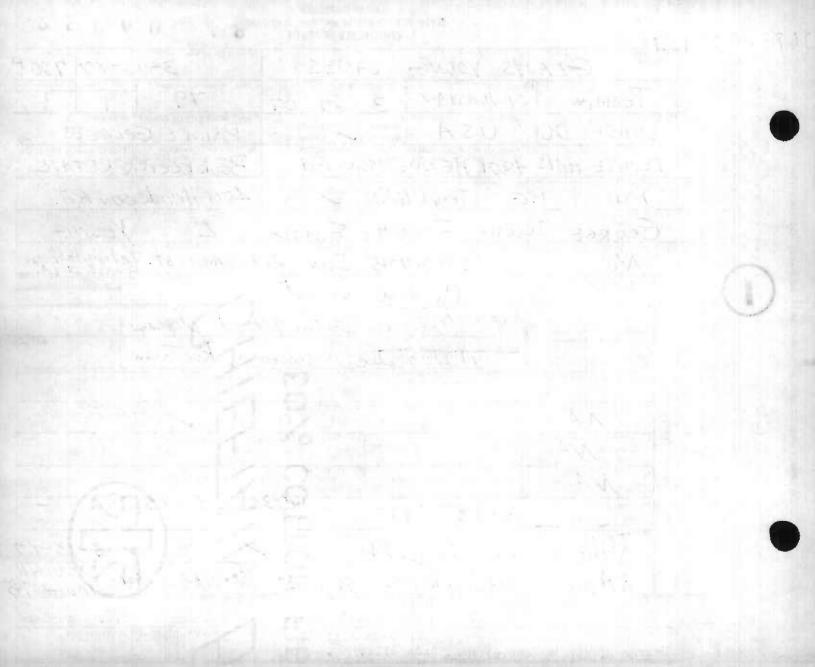


Old Alexander Ferry Rd., Clinton, MD 20735

(VRA 15, 4) 663

DEFECT AND A STATE OF THE PROPERTY OF THE PARTY OF THE PA 4/9

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b. HOUR MONTH (TYPE OR PRINT) JLADYS YOUNG 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR 07 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED George Es WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR ORGE 18 CAUSE OF DEATH (Enter only one couse per line PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. IFICATION 200 AUTOPSY? 190 DATE OF OPERAT 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING A OF DEATH HOUR A.M. MONTH DAY YEAR LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STREET 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased olive on and that in (my) (aux) opinion death accurred an the date and hour and from the causes stated above, He (we) (did) (did not) view the bady after death DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS the P 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial 3/17/87 P.G. Cedar Hill Cemetery Suitland Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6160 Oxon Hill Rd DHMH - 16 50M 4/82 Oxon Hill, Md. (VRA 15, 4) George P. Kalas Funeral Home



10.		STATE OF MARTLAND	
वी		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 0 9	0 5 4
		REG, NO.	
		MIDOLE LAST Zo. DATE OF DEATH MONTH ON	Y YEAR 2b. HOUR
	MAUN	ARD JAMES MARCHAI	1487V1:39Am
3. SE	×	4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	UNDER TYPAR IF UNGER 24 HRS
	MALO	MONTH DAY YEAR MO	NTHS DAYS HOURS MIN.
	1 141	W1112 8-3-01 03 YRS.	
7ti. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	FDEATH
	KENTUCKY	U.S.A WIDOWED NORCED PRINCE G	FORGE MD.
10 C	ITY OR TOWN OF DEATH	18. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	11/200/11/6		RET RALLROAD
1457	AL DESIDENCE OF NURSING HOME OF		KET - ICAILROAD
130	STATE 136 COUN		1 1 1
Ł	MQ PR	GEO HUATOVILLE YES NO 1 6905 24HE AVE	NUE 20/82
11/		15. MOTHER'S MAIDEN NAME	
	William SA	amisi (Sames SARAH MODE	TAVEN
160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT. ADDRESS	17177
			15- Agener
	NU	10 P10 0924 12690 L. CAMES 1704 2634NI	-
	18 CAUSE OF DEATH (Enter or	lly one couse per line far (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			5 Minutes
	WWWEDIA		
	C Pro M. L.	DUE TO, OR AS O CONSEQUENCE OF	30000
		(b) TIVEU MOIVIT	2 VA42
	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	224
	underlying couse last	10 CHNCER 11891AIE) monda
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
o	TAUN	dine	
F	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
l Fi			NG CAUSES OF DEATH?
1 2	EL ACCIDENT MACHADERINA C		NO
		The state of the s	I I OR PART 2)
S			
0	21d. INJURY OCCURRED	716. PLACE OF INJURY 211. LOCATION	COUNTY STATE
E	WHILE NOT WHILE	(AT MOME, SIREET, FACTORY, OFFICE, FARM, ETC.)	STATE
		with observed the descreed from 7 = 5 = 8 7 10 MARCH 27	that (we) last
	tow the deceased alive as	2 -2 7-3 7 10	, ()
	above, (1) (we) (did) (did no	t) view the body after death.	
	22b. SIGNATURE	D D D DEGMEE	22¢ DATE SIGNED
	10		
	Honae	16 Value (MA) ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN	19-27-97
	LONGE 228. PHYSICIAN'S MAKE (TYPE O	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	13-27-87
	22d. PHYSICIAN'S NAME (14PEC)	13 RANGE (Y) PHYSICIAN DIRECTOR PHYSICIAN	112 ROAD
	GEORGE	B. PATRICK AMD SILVEY SOLIAN MA	112 ROAD
23a	27d. PHYSICIAN'S MAME (TYPE OF EDRAFE) SURIAL, CREMATION, REMOVAL	B. PATRICK AMD SILVEY SOLIAN MARCHAN M	112 ROAD
23a	GEORGE	PHYSICIAN DIRECTOR DIR	112 ROAD PHAND STATE
	GEORGE	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN PHYSICIA	112 ROAD PHAND COUNTY STATE ARS SIGNATURE
	CLEDRAE SURIAL CREMATION, REMOVAL (SPECIAL)	PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR D	112 ROAD PLAND COUNTY STATE CHINAS R'S SIGNATURE
	1. DE (TYPE 3. SE) 76. 81 10 C 130 S	THE STATE REGISTAR 1. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX 3. SEX 4. A COUNTRY COUNTRY COUNTRY COUNTRY TO COUNT	THE REGISTRAR TOPECASED NAME THE RACE TOPECASED NAME THE STATE THE BIRTHPLACE (STATE OF DEATH MONTH OF MALE AND

(60)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR ITYPE OR PRINTS death ANN JANIFER 03 24-87 1:20 AM 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BlACK DAY YEAR -FMALE DR 08 70. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N.J. U.S.A. PRINCE GEORGE'S. DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY REHAB. CENTER. Clerk U.S.Gov't. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP_CODE 113d. INSIDE CITY LIMITS? Md. P.G. Wash. 9010 LynnAlan 20744 YES X NO F Dr. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Katie MIDDLE Cobb Albert Cain 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES. NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 579-20-2409 Joyce Prince-2321 Lincoln Rd., N.E. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: cant IMMEDIATE CAUSE (D). DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which hypen Tension gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIL NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY H 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the decepsed from 3-24 saw the deceased alive pn_ and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we).(did nat) view the bady after death 226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b WILLIAM KENT FLIRST H.D. 11701 LIVINGSTON RO. FT. WASH. MD. 230 HURIAL EREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION GLENWOOD CEM. WASHINGTON 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 H.S. WASHINGTON + SONS 4925 BURROUGHS AVE, N.E. (VRA 15. 4)



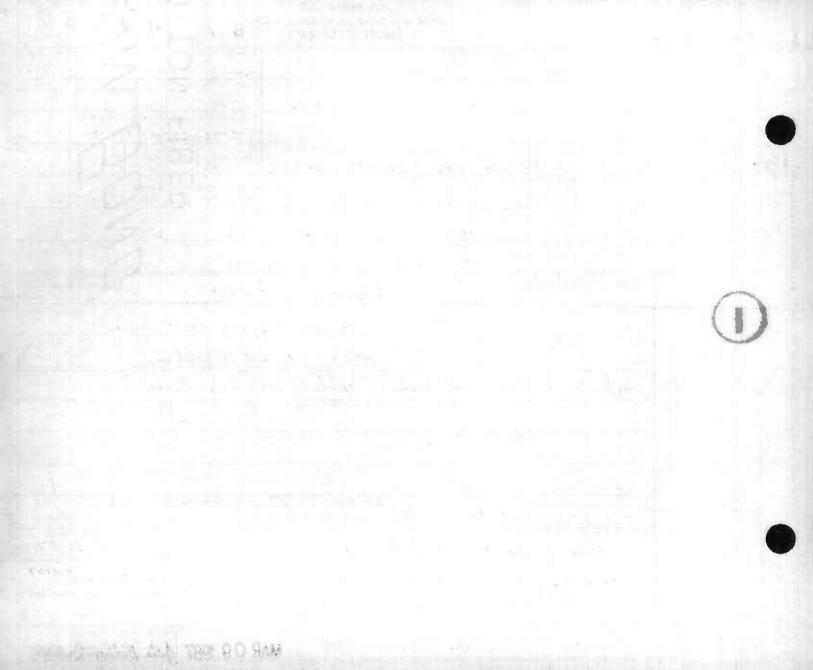
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1) DECEASED NAME 20 DATE OF DEATH MONTH DAY YE AR 2b HOUR TIYEE OR PRINT! 5.03AN MARY RACE 3. SEX 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAYY IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR 20 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED MO OUNTRY) U.S.A. Prince George's WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPHOUSE REET DEMPRING LIFE) INDUSTRY ivate Laurel Greater Laurel Beltsville Hospita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Md . P.G. 11682 S. Laurel 20708 Laurel Dr. NOF 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE Hamilton Blanche MIDDLE Dent Purcy 166 SOCIAL SECURITY NO **ADDRESS** 20708 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) 215-52-8862 12915 Laurel bowie Rd. #102 Jim Jenkins 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 PYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO | nto! Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 ond Me 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on above, (1)(we) (did) (aid no and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ALTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be c 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) COUNTY John's episcopal burial Beltsville 24 FUNERAL DIRECTOR Borgwardt Funeral Home DHMH - 16 60M 7/84 4400 powder mill rd. (VRA 15, 4) Beltsville



(VRA 15, 4)

STATE OF MARYLAND

Julia Dividerni Par



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	١٥.	0	9	U		วั	
ATE OF	DEATH	MONTH	DAY	YE	AR	2b 1	HOUR	

G.	0.0	REGISTRAR			CLKIII	ICAIL OI DEATH	REG. N	10.					
		CEASED NAME FIRST	A	AIDDLE	l	AST	20. DATE OF DEATH	MONIH E	DAY YEAR	26 HOUR			
	(TYPE	JOH	tN A.	JOHN	Son			3.1	17.87	3.05 M			
	3 SEX	Х	4 RACE		5. DATE C		6. AGE IN YEARS LAST BI	IF UNDER 24 HRS					
		Male	Bla	ck	MONTH	01 11 39	48	YRS	MONTHS DAYS	HOURS MIN,			
-		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- Starte anne	9 BALTIMORE CITY	OR COUNTY	OF DEATH				
5		Maryland	U.S.		WIDOWE		Pamie	, 6	1-10101-	es COMD.			
1	10 CI	O D DEATH		OSPITAL, NURSING		4	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Public Wo		EI INDUSTRY	County			
-	JSU/	AL RESIDENCE (IF NURSING HOME OF				101 41031			4, 17:	-202 A			
5	Ma	aryland P.(Upr.Marlb	oro	YES NO A	130 STREET ADDRESS 111 Queen	/ ZIP CODE Anne	Bridge	Rd.			
V	IA FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		-	Eldridg	ST			
C.	0	Charles	E.	Johnson					Jariag	e			
-/	160 V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	MED FORCES?	166 SOCIAL SECUR		17 INFORMANT	5223	Kenilw	orth A	ve.			
/		YES, NO OR UNKNOWN) (IF YES, GI		217-36-9	806	Martha Lee	Hvatt			20778			
		18 CAUSE OF DEATH (Enter or	ly one couse per	line farture, (b), and	pre-		1		APPROX	OMSET AND DEATH			
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)											
			DUE TO O	ANA CONSECUE	NCERN	/ /	1						
		Conditions, if ony, which	(1992	Plural &	Hu	nin Nuva	(MR.						
		gave rise to immediate couse (a), stating the	DUE TO O	AS A CONSEQUE	an.	- /, T	19	_					
		underlying couse lost	DOE NO. OF	1200	MA	- Mesta	stan_						
н		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	DIVIRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	ADITION GIV	EN IN PART 1	0			
	O			2									
3	AT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
1	CERTIFICATION		3 5 6 6				YES T NOT	S	NO T				
1	CER	210. ACCIDENT WAS UNDERLYING	216 TIME O			21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM TO P	ART T OR PART 2)				
1		OR CONTRIBUTING CAUSE OF DE	ATH.	M. MONTH DA	Y YEAR	100000000000000000000000000000000000000							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	21e PLACE		19	211 LOCATION		-					
	ME	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE			
6	-	27s.1 certify that (I) (this haspi	tol) ottooded th	decision de la constante de la	2	101 1001	2/	115/	10 0	A sa ab forest last			
d	H	to the decenned of we on above. (I) (we) (old) did no				nd that in (my) (our) opinion d	leath occurred on the o	date and hour	r and from the	couses stated			
		27h SIGNATURE		0	1	DEGREE			22c DATE	SIGNED			
		00	un	Vh	10	ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN 🗌	3.1	18.87			
		22d. PHYSICIAN'S NAME (TYPE C		Sec. 15		22e. ADDRESS							
		Laxmi Berw	a, M.D.		200	1300 Merca	ntile La	ne, #	134, 1	Landover			
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	Md.			
		Burial	3/21/8	7 La	kemor	nt Cemetery	Davids	onvill	e P.G.	Md.			
	24 FL	UNERAL DIRECTOR Rende	on/Hale	Lanham Fu	nera	Home 75a DATE	REC'D BY REGISTRAL	256 REGISTI	RAR'S SIGNA	do -			
		9013 Anna	apolis R	d. Lanha	m, Mo	1. 20706	MAK ZU 198	Suchas	e Acubo	r. Budoka			

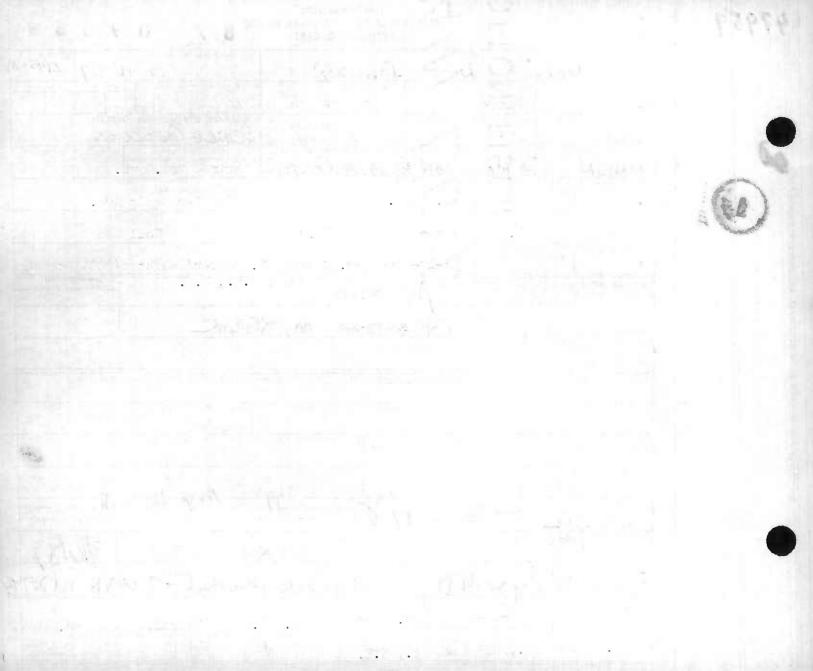
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the

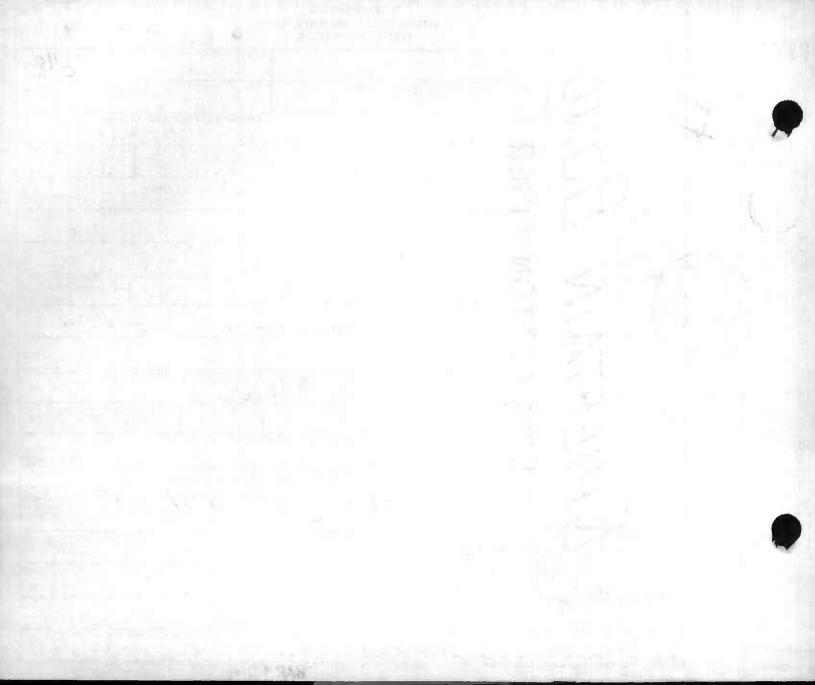
Color V II - V O TO THE PROPERTY OF THE PARTY OF THE PART . Off profits and dispersion and the later of t MAN SO THE STATE OF THE STATE O

47959	MAR		FÖR STATE REGISTRAR			ARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	ð /	G. NO.	9 0) 5	9
e 6 £			CEASED NAME FIRST	1.1	MIDDLE		LAST	20. DATE OF DEA	TH MONTH	DAY YEAR	26 HO	45 PM
pode r deoi		3. SE	MEL	14 RACE	N	IS. DATE	N SON	6 AGE (IN YEARS).		168	AR IF UNDE	R 24 HRS
a di		17/	ale	Black		MONT 1	H DAY YEAR	66		MONTHS DAY		MIN.
Prog	07 -		RTHPLACE (STATE OR FOREIGN		F WHAT COUN	ITDV2 I		D BALTIMORE C	TY OR COUNT	Y OF DEATH		1
and	85	V	irginia	USA		WIDOW	D NEVER MARRIED	PRINCE	GEN	2665		MD.
Total with the state of the sta	\$6	(CHNTON OF DEATH		FHOSPITAL, NI BUCH FACILITY, GIVE RYLHU?		TAL CENTER	2 120 USUAL OCCU	AOST OF WORKING	LIFE) INDUSTR	OF BUSIN	
AND 31	富石	13a. S M	d.	OR OTHER INSTITUTE	13c. CITY OR	BEFORE ADMISSIONS TOWN Wash.	13d INSIDE CITY LIMITS?	7602 D	ess/zipcot en Mead	e Ave.	574	4
VARA	4/1	14 FA	THER'S NAME	MIDDLE	LAS		15 MOTHER'S MAIDEN IN	MID			LAST	
E.M.	1	16n V	Rossie Vas deceased ever in u.s. a	L.	Johns	SECURITY NO.	Georgia 17 INFORMANT		Hol DDRESS	lomon		
MOR Super	P /			IVE WAR OR DATES		8-2868	Ms. Katrina			er/200	/ Bra	nch
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certification be executed for a stending physician. When this certificate has been signed by the ottending physicial canding control from the permit. Then please remove condening the formal formal from the hand Mental Hygiene prior to burnol, cremation, or removal.	her froumotic event. The		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stofring the underlying cause lost	DUE TO,	OR AS A CONS	POUENCE OF	MA Avenue	KARAR	C.	APPR BETWEE	OXIMATE INTI EN ONSET AN	RVAL D DEATH
IL RECORDS, 2011 On. In law requires that one bear signed by hos been signed by hos been signed by ene prior to burnol, see prior to burnol, see prior to burnol, see the	shows ony injury, or oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TE	RMINAL DISEASE OR	20b. IF Y	IVEN IN PART	DINGS USI	ATH?
JE VITAL JAN: The physicio physicio rificate h Lificate h Lificate h la la l	48 sh		71a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	JRRED (ENTER NATURE C	F INJURY IN ITEM 18	PART I OR PART	1)	
SION OF VI PHYSICIAN: ending physic this certifica the buriol-front d Mental Hy	Hem	MEDICAL	OR CONTRIBUTING CAUSE OF DI	ER)	P.M.	19						4
PHY rending this he bu	ed or	MED	21d. INJURY OCCURRED		E OF INJURY STREET, FACTORY, OI	FFICE, FARM ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY		STATE
ENDING rol or off OR: After ruse as the Health o	is morke		AT WORK AT WORK 278.1 certify that (1) Ithis have tow the decease alive of	1000	the deceased for	rom AA	. 19	7 to	Te 16	19 86		(we) lost
RECTO	em 2	-	22h SIGNALURE	wiew the boo	by after death.	17-0	nd that in (my) (our) u pinio	in death accurred an	me date and no		TE SIGNED	
by the by the ERAL DIFE	NI. F		- Mu	1				MEDICAL DIRECTOR P	STAFF HYSICIAN []	3/	16/3	7
TO HOSPITAL retained by th TO FUNERAL should be der with the State	MPORT		Francial.	Eyay	M.D		9401 Turin	Herothy	1 FT.	WAYH	Md	20740
BP		(urial, cremation, remova specify: Burial	3-20	-87		EMETERY OR CREMATORY	CITY OR TO	aurel	COUNTY	Md	STATE
DHMH - 16 60M (VRA 15, 4)		24 FL	ohn Rhines	0.,301	5 12th	St., N.	25a D	MAR 198		- 4	ATURE Pand	aca



8922 APR	1.	FOR STATE REGISTRAR				MENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	o REG.		90	60
1 71 //		CEASED NAME OR PRINT)	FIRST ILLAR		CALVIN		ONES	MARCH	19	1987	11:25 A
1 828	3. SEX		4	RACE		5. DATE O		6. AGE IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
B 25	Ma1			White			1, 1914 YEAR	DALLEMAN CONT. CITY	72 YRS		
# 75 47	C	RTHPLACE STATE OR FO	REIGN 7	b. CITIZEN OF	WHAT COUNTRY	MARRIE	X NEVER MARRIED				
8 35-50		ryland IY OR TOWN OF DEAT	н 1	U. S.	A.	WIDOWE	DIVORCED [Princ	e Geo	rge's	MD. OF BUSINESS OR
1 11/13				(IF NOT IN SUC	H FACILITY, GIVE STRE	T ADDRESS)		Restaurar			Business
0 9 1 10	USUA	LANHAM LL RESIDENCE (IF NURSIN TATE	G HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					Duolineoo
1 100		ryland	Pr.G	eo's	Bowie	WN	YES X NO	13e STREET ADDRES	11 Ro	ad/20716	
11/4/	14 FA	THER'S NAME FIRST Henry		IDDLE	Jones		15. MOTHER'S MAIDEN N	ame nknown		LA	ST
NI		(AS DECEASED EVER II	U.S. ARM	NED FORCES?	166 SOCIAL SEC	URITY NO.	Jean C. Jone	15500 Ha	11 Bd.	716	
the death certification the other discrete correction appreciation, or remove trounditions of the troundities of the trounditie		Conditions, if any, gove rise to imm couse (a), stating	MMEDIATE which ediate the	DUE TO, O	R 48)A CONSEQ	- Pul	monary tis with	Arrest			XIMATE INTERVAL ONSET AND DEATH
he low requires tho on. hos been signed by t permit. Then pleos iene prior to burtol, to owys ony injury, or of	TIFICATION	PART 2 OTHER SIGN G us tre J	FICANT CO	inul ble	ONTRIBUTING TO	old (NOT RELATED TO THE TER BUCK YOUR NAMED	eph cenu minal disease or c fact Stuk 200 autopsy? YES \ NO \	20b. IF	YES, WERE FIND	
SICIAN: The ng physicion certificate huriol-tronsit puriol-tronsit puental Hygien is seen 8 second	AL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. LIFEITHER NOTIFY MEDIC	AUSE OF DEAT	"	FINJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM I	8 PART I OR PART 2}	0
DING PHYSIA or attending After this ce e as the buria olth and Mer markedor the	MEDICAL	21d INJURY OCCURR WHILE NOT WHI	D	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	1000	211 LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
OR ATTENION PROSPITOL OF HOSPITOL OF HEM 21 is Hem 21 is		220. certify that (I) saw the decease abave, (I) (we) (d 22b. SIGNATURE	this hospite	3-19	19	87.00	d that in (my) (our) apinio DEGREE		date and h	nour and from the	that (I) (we) last couses stated E SIGNED
PITAL by the ERAL I Stote I Stote I ANT: If		22d. PHYSICIAN'S NA	ME (TYPE OR	OV LO	Car (1	PHYSICIAN 22e ADDRESS	DIRECTOR PHY	SICIAN [31	9187
TO HOSPITAL (retained by the TO FUNERAL Eshould be deto with the State El MPORTANT: H		Rakesh					1430	0 Gallant			2
5 5 5 3 W		URIAL, CREMATION, F	REMOVAL	1 11			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP		Burial		3/23/	/87	akemon	nt Memorial (
DHMH - 16 60M 7/B4 (VRA 15, 4)	Ri	ineral director chard A. Coper Marlbo	olema	n Upr	per Marl	ooro, l	Md. 20772 MA	R 3 0 1987	ARITSB. REG	ISTRAR'S SIGNA	TORE

Could - Palmongay Assist Present control of the Hilland of Harrison. The hand the state of the state of the Controlled of the second of th



				STATE OF MARYLAND			
	1.	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL HYG	IENE	0 0 0	6 2
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 7 0	0 04
992 MAR I		EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MOP	NTH DAY YEAR	26 HOUR
poge 3	1	Mary	E.	Joynal	2/23/	3/	5-1
mod .	3. SEX	RA	CE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR	a distribution
ge 4	-	temale IF	BIACK	10 27 14	72	YRS	
Pour Pour	7a. Bi	RTHPLACE (STATE OR FOREIGN 76 CI	ITIZEN OF WHAT COUNTR	Y? B MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
or o	14	LABOMA L	194	WIDOWED DIVORCED	Trince Ger	orge's C	O. MI
2 5 5	10. C		NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
by the	1/7	delphi / F	Pesideu-	tial Woods	NUTSE	PV	river te
pe e e	13a S	AL RESIDENCE (IF NURS	NINSTITUTION GIVE RESIDENCE BEF	OWN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE	
filled nould b	3	n PG	= 3. Vc	COPIL YES NO [11200 Lockwood	dDR 21	0701
etely 12 sh	14 F#	THER'S NAME	LAST	5. MOTHER'S MAIDEN NA	ME MIDDLE	- W	AST
po de / 550	1	Frank	Smi	th Ada		Pick	ENK!
nd co		VAS DECEASED EVER IN U.S. ARMED		1 1 1	ADDRESS		
		No	578-2	.6-1334 Mildred Bak	er 11200 La	ockwood De	
		18 CAUSE OF DEATH (Enter only one	e couse per line for (o), (b),	and ich		APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
Age and		PART I. DEATH WAS CAUSED BY: IMMEDIATE CA		neumonia		G	days
		State of the state	DUE TO, OR AS A CONSEC	DUENCE OF		- 1 / /A	
dear dear		Conditions, if ony, which	(b)				
4 4111		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			
that the cold of cold of cold		underlying couse lost	(c)				
signatura e kina	7	PART 2 OTHER SIGNIFICANT COND		O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ON GIVEN IN PART 1	110
been simit. The prior to any inju	<u>ē</u>	multiple ar		6-ctron			
n. n	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20	IF YES, WERE FIND CERTIFYING CAUSE	S OF DEATH?
The land the	E				YES NO.	YES 🗌	NO 🗌
ZY SOL W		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
StCIAI ng ph certifu certifu vial-tr	CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
1 6 6 -	MEDICAL		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE FARM ETC) 211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
S to a s		AT WORK AT WORK		112/09	0/72	97	
		22a certify that (1) (this haspital) a	ittended the deceased from	13 /		194	. tho (1) (we) lo
TTE Poly of of 21		sow the deceased alive on above, (1) (we) (did) (did not) view	w the bady after death/	ond that in (my) our) opinion	deoth occurred on the dote		
DA DVO		22b. SIGNATURE	(1/1	DEGREE ATTENDING	MEDICAL STAFF	22c DAT	E SIGNED
SPITAL OR NERAL DIRIUMERAL DIRIUMERAL DIRIUMER State Deptember		works	40/	PHYSICIAN E	DIRECTOR PHYSICIAN	10 7	20/01
HOSPITAL FUNERAL Suld be detr the State PORTANT:		DON H. YOU	11	120. ADDRESS 600 600	enbalt Kd	Juite 101	Sectro.
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State IMPORTANT: If							1 nd.
	230	BURIAL, CREMATION, REMOVAL 23	b. DATE 2.	RAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP	Transfer of	Urial -	5/2/8/	-incoln Mem.	Gouldanil.	P. G.	Marylan
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRES		TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	ATURE
DI 114111 - 10 00181 7704							



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REATH REGISTRAR DECEASED NAME O DATE KNOWN John Wesley (TYPE OR PRINT) DEATH MATED DATE OF BIRTH 2c. DATE LAST BIRTHDAY PRONOUNCED 63 YRS 1923 Mar. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEA NEVER MARRIED TE FOREIGN COUNTRY U.S.A. West Virginia WIDOWED DIVORCED Prince Georges Co. ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS Cheverly Office Clerk U.S. Gov't WSUAL RESIDENCE HE IN NURSING HOME O 13a STATE 1136 COUNTY 136 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince Georges District Heights NO S 2502 Senator Ave 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Ethel Ann Kay, Sr. Casto 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Nephew ADDRESS 906 6th St. Charles Litton ves 234-30-3618 Charleston, WV 25302 18 CAUSE OF DEATH (Enter only one cause per lymator (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 716 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COLINITY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection PAGE 4 SHOULD BE TO FUNERAL DIFECT AFTER DEATH, WITH T BALTIMORE, MARYLA Natural causes Accident Hamicide L Undetermined manner Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 23h DATE STATE Tyler Mountain Memory Gardens, Charleston, WV 7 Mar 87 Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Capitol Funeral Service, Falls Church, VA

. of present sensor for - Committee of the comm Figure 1 and 1 and

Bowie, MD 20715-3043

Beall Funeral

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME DATE KNOWN X TYPE OF PRINTS Maude Elizabeth Kilday DEATH MATED 87 4 RACE & AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS PRONOUNCED Mar. 24, 1893 White DEAD Female 94 YRS Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. New Jersey DIVORCED Prince George's County ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION STYPE OF WORK Secretary U.S. Gov't. **Bladensburg** 4204 - 53rd Ave. . #5 13d. INSIDE CITY HMITS? 13e STREET ADDRESS Prince George's 4204 - 53rd Ave. , #5 20710 Bladensburg Maryland IS MOTHER'S MAIDEN NAME (unavailable) (unavailable) 17. INFORMANT 981 Rt. #222ADDR Cortland, N.Y. 166 SOCIAL SECURITY NO 083-07-0767 Mr. Albert W. Roberts, 13045 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Acute myocardial disease. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CHIE GE 3 SHOULD BE US TE DEPARTMENT OF 201 PRIOR TO BURIN None NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK Inspection 22a I certify that I taok charge of the remains described above, held an Autapsy Natural causes Undetermined monner DATE 3/25/87 M.D. Deputy SIGNATURE 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 36 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 3-27-87 Metropolitan Crematory Alexandria, Virginia FRANCIS CASCH'S SONS, FUNERAL HOME, P. 4250. DATE REC'D, BY REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE PROPERT 25M DHMH - 17 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5))

STATE OF MARYLAND

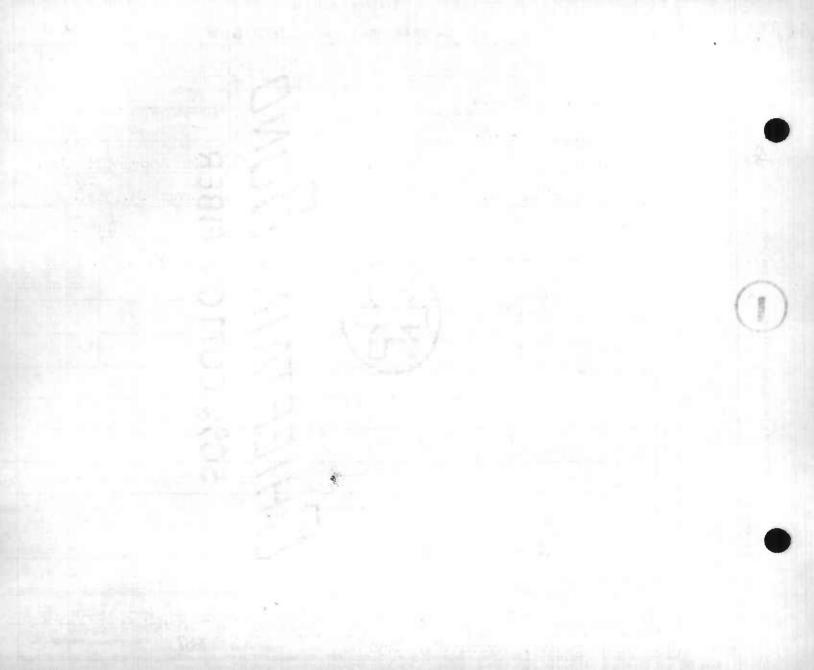
4 -- 18 -- 5

ATCO 380

		1 -	FOR STATE REGISTRAR			DEPA	RTMENT C	ATE OF MARY F HEALTH AN FIFICATE O	D MENTAL HY	GIENE	REG. N	0	9	ن	5 6
8 4 2 9 HAR	27		CEASED NAME	FIRST	'	MIDDLE		LAST	VIII O	2a. DATE	OF DEATH	MONTH			2b HOUR
y be Jeoth			CHONG TA	E				KIM			#	3 :	20 8	37	口: 45 从
4 mo tor. po		3. SEX	Male	1	4 RACE Whi	te		TE OF BIRTH	1924	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS.	DAYS	HOURS MIN.
2 410	4	7a B1	RTHPLACE (STATEORFO	REIGN	76 CITIZEN OF		RY? 8				MORE CITY O	YRS.	Y OF DEA	ATH	
\$ 35 K	1		Korea		USA				R MARRIED .		Prir	ice Ge	eorge	S	MD.
	C	Fo	ty or town of DEAT rt Washingt	on		I Kings	way R	oad	NSTITUTION	IZa USUZ UYPE OF W Reta	ALOCCUPAT VORKEOR MOST O	or working L	IFE) 12b K	IND OF	BUSINESS OR employe
BALTIMORE, MARYLAND 2120 Die executed within 24 hours part. Poges. 1 Oxd 2 s Guid be to soil. die medico examine marke in	5	73a S	AL RESIDENCE (IF NURSIN TATE aryland	Pr.	other institution.	GIVE RESIDENCE B 13c CITY OR T Ft. Wa	EFORE ADMISSIONN Shing	tonyes X	E CITY LIMITS?	29 TTE	t ADDRESS Kingsv	zip cod	e ad		20744
KA 1 157/	-×	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA	ME	MIDDLE			LAST	
w 1 1/6	0		Hong	K	yu.	Kin	1		Sün		MIDDLE		C	hon	3
MORE, sand cu			AS DECEASED EVER IN	U.S. AR	MED FORCES?	166. SOCIAL S 2 12-76-			mant e K i m-wi	ife-(s	and as				
BALT		100	18 CAUSE OF DEATH PART I. DEATH WA	Enter on	ly ane cause per	line for (a), (b)	, ond (c).)	1200					BE	APPROXIM	ATE INTERVAL
28 689 5		16			E CAUSE (0)	CARDI	OPULN	ONARY	ARREST				M	inu	tes-
NO CONTRACTOR						R AS A CONSE	QUENCE C	F							
RES des orio			Conditions, if any, gove rise to imme	which ediate	(b) H	lepato	celli	lar ca	arcinom	ıa			IM.	ont	ns.
W. W. St. of the st. o		ı D	cause (a), stating underlying cause	the last	1	R AS A CONSE									1
201 med the pleo			PART 2 OTHER SIGNI	FICANTO		econd			ED TO THE TERA	AIN AL DISE	ASE OR CON	IDITION GI		Ont	ns.
RDS, equil n sign to b		NO	cachexi						ED TO THE TENN		ASE OR CO.	DINOIVOI	* E14 41 /	AKT TIO	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST OUTending physicion. After this cartificate been signed by the attention of the house remove color in an about the house remove color in and Mental Hygiene prior to buring commentation, or near orked or them [8] shaws any injury, or other thousands.	1	CERTIFICATION	190 DATE OF OPERATE				IICH OPERA	TION WAS PER	FORMED	20a AL	JTOPSY?	IN CERTI	S, WERE I	FINDING AUSES (GS USED OF DEATH?
VITA VITA VICTOR ICOTE I	7	CER	21a. ACCIDENT WAS UNDE			FINJURY M. MONTH	DAY YE	21c. HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART 1 OR P.	ART 2)	
ON OF VIII HYSICIAN. Is certifical burial-from Mental Hy		CAL	OR CONTRIBUTING CA		1111			9		500					
UC PHYSICAL Offendir offer this cost the bush ond Minked or inked		MEDI	21d INJURY OCCURRE WHILE NOT WHIL AT WORK	E 🗇	21e PLACE (OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC	211. LOCA STR	TION		CITY OR TO	NWO	COU	NIY	STATE
NDIN I or Use o Use o teolt	9		22a certify that (I) (i				m_8-2	.8		, ta	March	20	, 19_8	7_, tl	nat (I) (we) lost
ATTE Ispito CTO Of Ispito of Ispito			saw the deceased abave, (1) (we) (di	d alive on d) (did no	Ma hebby	oftendeoth.	⁹ 87		ny) (aur) apinion	death accu	rred on the d	ate and ha	ur and fro	m the c	ouses stated
the how the hor the hor to the hor to the hor to the the hor to the the hor th			22b. SIGNATURE		0			DEGREE	ATTENDING	MEDICA	AL STA	cc	22c.	DATES	IGNED
TAL y th y th gal det det det	-		22d. PHYSICIAN'S NA	ME (TYPE C	IR PRINTE	Sylves		M D . 22e ADDE		XDIRECTO	BRANC	CIAN			h 20 '
O HOSPI O HOSPI TO FUNE TO FUNE Thould be			PET	ER V	V.YIM M			the same					072		
7 5 5 42 3 ₹		23a B	URIAL, CREMATION, R						R CREMATORY		TITY OF TOWN		COUNTY)	STATE
BP			Burial		3-24-	1987 G	ate o	f Heave	n Cemete	ery Si	lver S	pring	g Mon	tgo	nery Md.
DHMH - 16 60M 7/8 (VRA 15, 4)			neral director es/Rinaldi	Fune	ral Home	e Sil.	N.H. Spr.	Ave.,	25a. DA1	MAR 2	4 1987	256 REGIS	TRAP'S SI	GNATU	Mandall

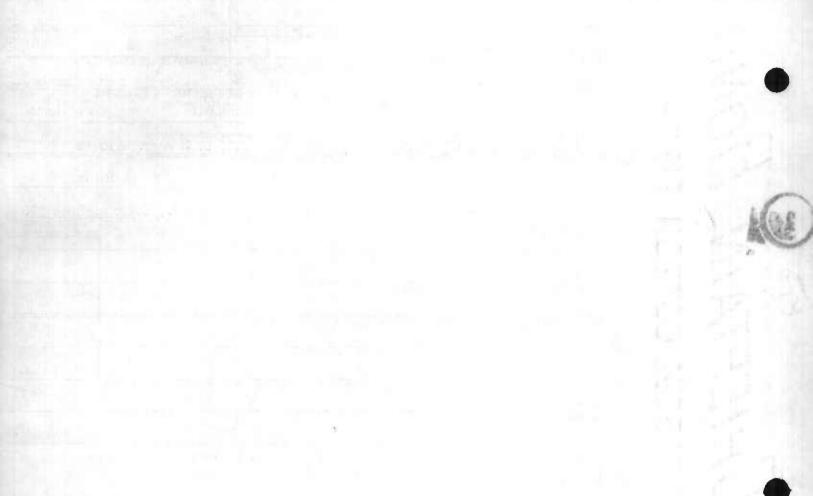


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) ESTI-Brian Kelley King DEATH MATED 4 RACE DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) 1:31 Am RONOUNCED 19 87 Male Cau. 9-19-64 22 YRS To BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Prince Georges County U.S.A. Maryland DIVORCED FIAIN PAGE 5 BEPRED V IQ CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 3701 Varnum St Apt. A Electrician Apprentist Elec. Brentwood ISUAL RESIDENCE LIE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONIE 20722 30 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Geo. 3701 Varnum St., Apt. A Maryland Brentwood YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME King Arthur Williams Joanne 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 426 Soetta Drive 219-96-6282 Arthur K. King, Elkridge, Md. 21227 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hanging DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR Subject hanged self 1:20AM CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME IL LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P 3701 Varnum St. WHILE AT WORK Prince Georges Co MD 22a I certify that I to death resulted from TITLE (SPECIFY) ACTUAL DATE Assistant 3-18-87 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St. Baltimore, MD Charles P. Kokes, M.D. 21201 TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 236 DATE 23d. LOCATION Burial 3-23-87 Ft. Lincoln Cemetery Brentwood, PG, Maryland 07/84 TRANCISTOASCH'S SONS FUNERAL HOME, P. A. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 25M **DHMH - 17** بالمراهم المراهم وورود وسد MAR 26 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Elizabeth Marie DEATH MATED 1987 King 4 RACE 5. DATE OF BIRTH AGE IN YEARS I IF UNDER 1 YR IF LINDER 24 HRS DATE 2d HOUR PRONOLINCED 8:23 Cau. 02-02-1944 Female 43 3-5-87 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Pennsylvania DIVORCED XX Prince George's County II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Housewife Own Home Riverdale Leland Memorial Hospital LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS Prince George Cheverly Maryland 2413 57th Ave. YES X NO T A FATHER'S NAME 15. MOTHER'S MAIDEN NAME S. Lucille John Keeler Dunham 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 230-56-6920 Mr. James Leach, Jr., Same as Line #13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION Obesity 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 714 INTURY OCCURRED 21e PLACE OF INJURY (ATHOME THE LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.] CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an and in my apinion Natural couses X death resulted from: Accident Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER DATE SIGNED 3-6-87 SIGNATURE PACE TO FUI AFTER BALTER William M. Zane, M.D. ADDRESS 111 Penn St., Balto., MD 21201 2 23g. BURIAL, CREMATION, REMOVAL 230 DATE 23r NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial 03-11-87 Ft. Lincoln Cemetery Brentwood, P.G., Maryland 25M FRANCIS CASCH'S SONS FUNERAL HOME, P.A. 250 DATE OF THE PROPERTY OF THE PROPER **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Ave., Hyattsville, Maryland

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED DATE LAST BIRTHDAY PRONOUNCED 06 81 DEAD MARRIED NEVER MARRIED Pennsylvania DIVORCED [U.S.A. Prince George's IR CITY OF TOWN OF DEATH 120 USUAL OCCUPATION CTYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Camp Springs Malcolm Grow Air Force Hospital Waitress (ret) Restaurant 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Pr. George's Camp Springs Noxx2055 Taylor Run/20335 Maryland YES [] 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Britter Zonsa Joseph Mary 166 SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 2055 Taylor Run LYES NO OR UNKNOWNS LIE YES GIVE WAR ORDATES 352-07-6625 Robert C. King/Camp Spgs(AAFB)Maryland20335 No 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c).) entenseur Cardistrosculer disessee PART I DEATH WAS CAUSED BY AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY TATHOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC) CITY OR TOWN STATE 220. I certify that I took charge of the remains described above, held an Autopsy Suicide Homicide Undetermined manner TIT DESPUTEN PAGE 4 SHOUR TO FUNERAL C AFTER DEATH, RALTIMORE, M MEDICAL EXAMINER 5009 Rayburn Ct , Temple Hills, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial 3-16-87 Memorial Park Cemetery Tulsa Tulsa 0klahoma 07/84 24 FUNERAL DIRECTOR Ninde Garden Chapel T 6 1987 ALLA TOTAL 25M **DHMH** - 17 3841 S.Peoria Avenue, Tulsa, Oklahoma Danden (VR A15 ME (5))

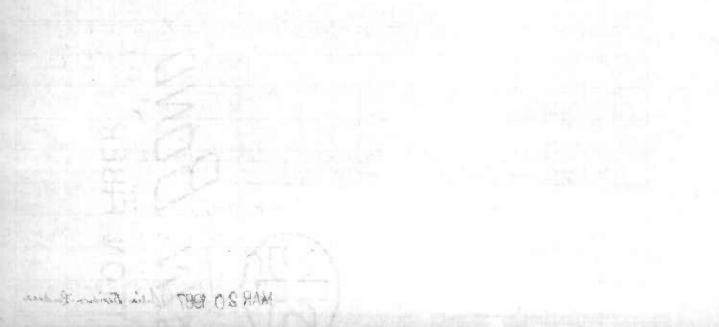
Hilm King Frank limite 1-1-0% Agreemen on Legionale of deserved

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG NO MIDDLE JDECEASED NAME a DATE KNOWN IL TYPE OR PRINTE ESTI-DEATH MATED 050 N 72 HOUR TON STREET & AGE LIN YEARS IF UNDER 1 YR S. DATE OF BIRTH DATE MONTH PRONOUNCED DEAD 59 9 BALTIMORE CITY OR COUNTY OF DEA MARRIED X NEVER MARRIED FOREIGN COUNTRYL Florida U.S.A DIVORCED WIDOWED B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 180 USUAL OCCUPATION LTYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Landover Retired USUAL RESIDENCE HE IN NURSING HOME 13a STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS Maryland Landover NO [929 Village Green Dri 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert Sanders. Sr Pinky Brown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMAN 2223 Longview Drive (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Vaughn AllenWoodbridge, Virginia 262-36-3254 18. CAUSE OF DEATH (Enter only one couse of APPROXIMATE INTERVAL ine far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO . BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy death resulted from: A Natural couses Accident Homicide Undetermined manner TITLEDEPUTY PAGE 4 SHOUN TO FUNERAL DAFTER PEATH, BALTIMORE, MA MEDICAL EXAMINER Rodriguez, M.D. ADDRESS EXAMINER'S NAV Augusto P. 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23h, DATE 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY STATE Burial 3/13/87 Harmony 07/84 BP Landover 24 FUNERAL DIRECTOR SAM BUTLER FUNERAL SERVICE 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A1S ME (S)) 716 KENNEDY ST. N. W WASH

STATE OF MARYLAND

Times Hack The state of the s A letter of the second fine the The state of the s THE E G 1087 THE TENER PLACE

	1	Film #	G626 Item	#16b.		E OF MARYLAND			-
	1.	FOR STATE 4/10 REGISTRAR)/87 sb	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	B REG. NO	09) /
Acouth Constitution of the		CEASED NAME FIRE	RRY	MIDDLE		ast CIRK		MONTH DAY YEAR 03 14 87	26 HOUR 5
or. pag	3. SE.	X	4 RACE		S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	R IF UNDER 24 HE HOURS MI
oge Creck	_	Male		casion	9	- 22 - 1889	97	YRS.	
n 72 ho	7a Bi	RTHPLACE (STATE OR FOREIG COUNTRY) Ohio	76 CITIZEN	OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	- Land 199	ecounty of DEATH orge County	· ,
of the for		ITY OR TOWN OF DEATH	(IF NOT IN	SUCH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 12b KIND F WORKING LIFE) INDUSTRY	OF BUSINESS (
File File		yattsville AL RESIDENCE (IF NURSING HO		oll Manor N		q Home	Ret. Safet	y Off. Cont	ractors
: 135	134.		P.G.	Hyattsvi	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4922 LaSal	/)(/	5786
164	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDLE		AST
~ +	160 \	George WAS DECEASED EVER IN U.	W.	Kirk 5? 16b SOCIAL SECU	IPITY NO	Margaret	ADDRE	Cavanaugh	
			YES, GIVE WAR OR DATE			(son)	St. An Kirk 4501 S	selms Abbey	20017 N.E.
mending phy exception population of		18 CAUSE OF DEATH IER PART I. DEATH WAS C IMM Conditions, if any, whi	AUSED BY: EDIATE CAUSE (o DUE TO) RESI	PIRA.	Xtheroscler		·C· Between	DXIMATÉ INTERVAL N ONSET AND DEAT
that the disconnection is of t		gave rise to immedia cause (a), stating t underlying cause la	he DUE TO), OR AS A CONSEQUI	ENCE OF	on Preumon	ia		
equires n signe Then p to bur injury,	NO	PART 2 OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART I	la
no. no. no. no. no. no. no. no.	CERTIFICATI	190 DATE OF OPERATION	19b, CC	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
physicic trificate sk-transit tol Hygir		21a. ACCIDENT WAS UNDERLYING CAUSE	OF DEATH HOUR	E OF INJURY		21c. HOW INJURY OCCUR		RY IN ITEM 18 PART 1 OR PART 2)	
G PHYSIC er this cer er this cer ond Men	MEDICAL	(IF EITHER, NOT IFY MEDICAL EX 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLA	P.M. ACE OF INJURY E, STREET, FACTORY, OFFICE, I	FARM, ETC }	21f. LOCATION STREET	CITY OR 101	wn COUNTY	STATE
TENDIN ortal or TOR: Afr or use or of Health		220.1 certify that (1) (this saw the deceased all abave, (1) (we) (did) (c	haspital) attende ive an31	d the deceased from_ 4/87	<u> </u>	d that in (my) (aur) apinian	death accurred on the do	87 19 te and haur and fram th	, that (I) (we) lo
the hosp the hosp toched to Dept.		226. SIGNATURE	/ MM	1 A		DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF	F	E SIGNED
CO HOSPITA efpined by TO FUNERA should be de with the Stot		22d PHYSICIAN'S NAME MARK K	(TYPE OR PRINT)			22e. ADDRESS	GRSITY BLI		MD 209
Should should with MAPO		BURIAL, CREMATION, REM		23ε. Ι	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Removal UNERAL DIRECTOR	3-	14-87		Inc. DAT	E REC'D. BY REGISTRAR		
DHMH - 16 50M 4/B3		STATE ANATOMS	Y BOARD	BALTIMODE	M M T	14	AR 20 1987	Julia Berder	

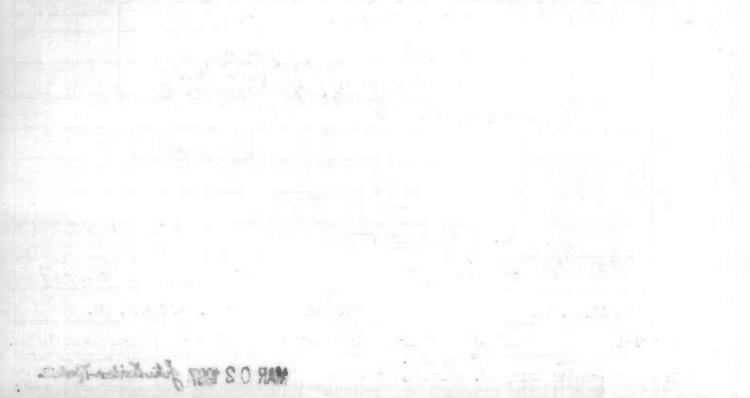


07/209 HAR	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 RE
	1 DECEASED NAME FIRS	T MIDDLE LAST 2a DA	TE OF DEAT

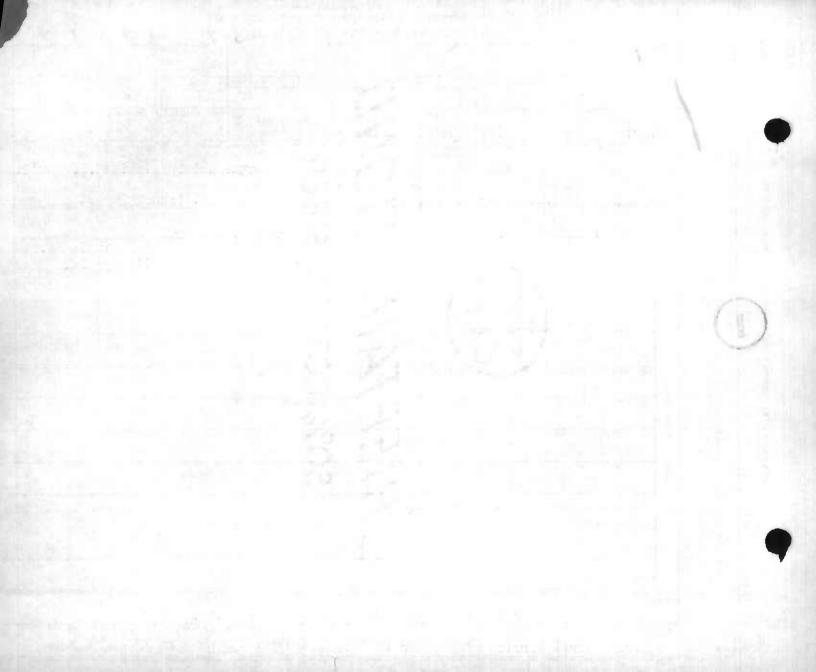
5	REG. I	REG. NO.		9	0	1	
F	DEATH	HTMOM	DAY	YEAR	2	HOUR	

		EASED NAME	FIRST	,	MIDDLE	L.	AST	2a. DATE C	OF DEATH MON	NTH DA	YEAR	2h HOUR	}
	(TYPE	OR PRINT)	Doroth	v Cat	herine	Knei	iss			3	1 87	11.3	TAM
Э	3. SEX	(RACE		5. DATE C	OF BIRTH	6 AGE (IN	YEARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 2	4 HRS
		'emale		aucasia			24, DA 1919 YEAR	67		YRS.	DATS DATS	HOURS	MIN.
7	-	RTHPLACE (STATE		b CITIZEN OF		RY? 8	XX NEVER MARRIED	9 BALTIM	ORE CITY OR CO	OUNTY	OF DEATH		
		hington		U.S.A.		WIDOWE	D DIVORCED		Prince (Georg	+		MD.
	10 CI	TY OR TOWN OF I	DEATH 1		HOSPITAL, NU THEACILITY, GIVE S		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Public Relations Newspaper					
2		LINTON	MD	South	ern Md	. Hospit	tal center	Publi	c Relat	ions	News	paper	
	USUAL RESIDENCE (IF NURSING HOME OR OI 13a. STATE 13b. COUNTY P. G.			Υ	134. CITY OR 1 Suitla	iefore admission) TOWN nđ	13d. INSIDE CITY LIMITS?	4401 West Summer Rd. 20747					
7	14. FA	THER'S NAME	M	IDDIE	LASI		15. MOTHER'S MAIDEN NAM	ME	MIDDLE .		IA.	.1	
1	Ge	orge		J.	AÎĒ	t	Maude		Lillia	n	In	scoe	
Ē	16a. W	AS DECEASED EV	ER IN U.S. ARM			SECURITY NO.	17. INFORMANT		ADDRESS				
B	,,,	NO OR UNKNOWN)	N/A	WAR OR DATES)	578-12	- 9247	Charles H. Kr	neiss	Same a	s 13	A-E		
J.		18 CAUSE OF DE PART I. DEATH	ATH (Enter anly	ane cause per	line for (a) 16	, and (c).1	K > 1 > 5 - 1	1 1-			APPROX BETWEEN	MATE INTERV	/AL DE ATH
		PART I. DEATH	IMMEDIATE	CAUSE (a)	CAL	0106	ENIC SH	8010		- 1			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DECEMBER OF THE TERMINAL DECEMBER.									AND CITUS SE OR CONDITION	ON GIVE	N IN PART 11	a	
2	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUT		b. IF YES, CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH	H?
1	MEDICAL CERT	21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEAT	Р.	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCURR				RELOR PART 2)	NO []	
	MED	21d INJURY OCC	WHILE WORK	21e. PLACE	REET, FACTORY, OF	FICE, FARM, ETC)	STREET		CITY OR TOWN		COUNTY	ST	ATE
		obove, (I) (we	(I) (this haspite eased alive on_ e) (did) (did not	5-1	18	, 19 nd that in (my) (our) apinion (death occur	red an the date of	, 1 and haur	/	that (1) (w couses stat		
		22b. SIGNATURE	nto	2,0	tee,	MP		MEDICAL	L STAFF R PHYSICIAN		3/2	SIGNED 7	
1		22d. PHYSICIAN'S NAME (TYPE OR PRINT)					27e ADDRESS						-
M		Danilo	G. Lee	2			7700 Old Bran	nch av	re. Cli	nton	, Md.	2073	5
313	23a B	URIAL, CREMATIC	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOC			COUNTR	. 67	Alfa e 3
	BU	irial		03/04/	/8/	Fort L11	ncoln Cemetery	y Sui	tiand .	Prin	ćë™Geo	rge's	Ma.

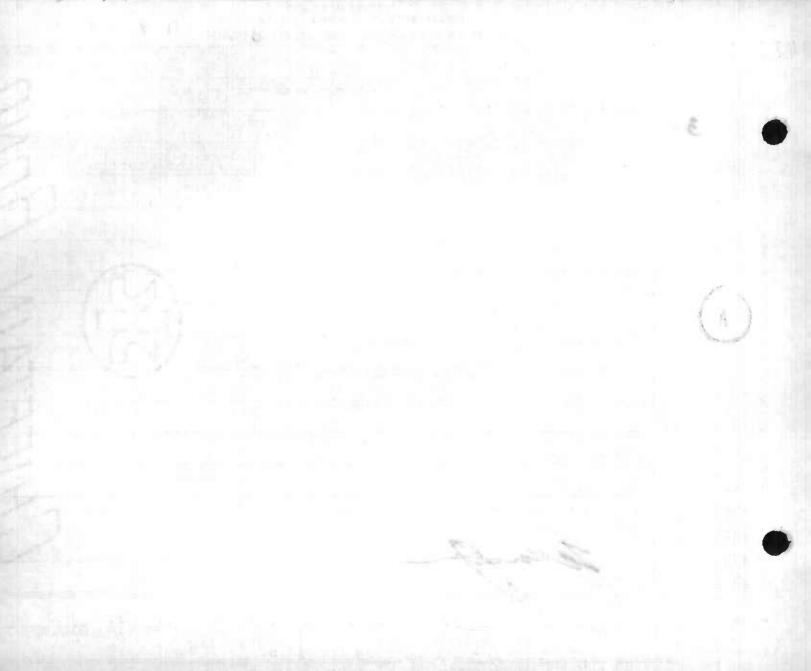
24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 3 Old Alexander Ferry Rd. Clinton, Md 20735 DHMH - 16 60M 7/84 (VRA 15, 4) 66



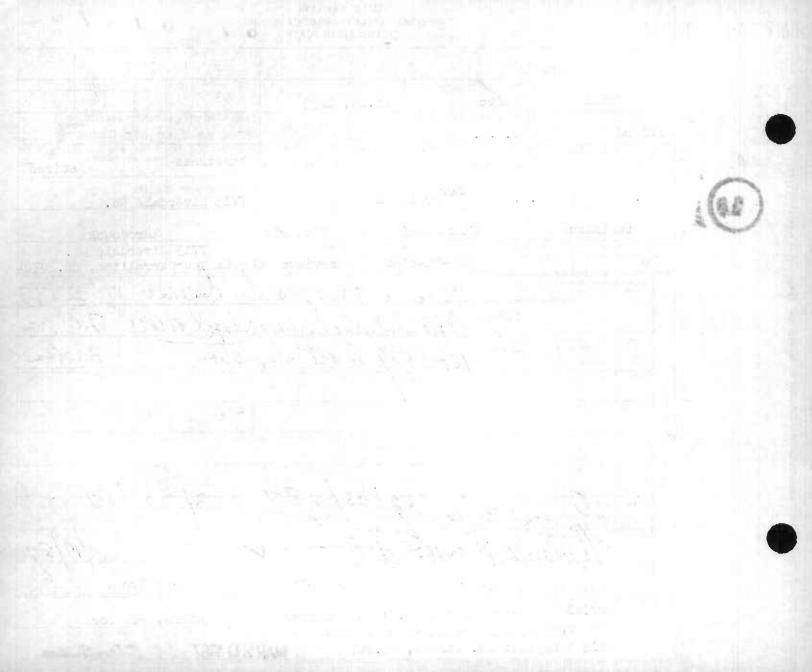
		-							TE OF MA								
		- 1		FOR STATE						AND MENTA			0	0	0	7	7
01 -	7 = 0 =	00		REGISTRAR				EXAMIN	ER'S CE	RTIFICATE	OF DEA	ТН	REGIN	0.7	U	1	2
04/	563	NAR		EASED NAM	E FIRST		WIDOLE		LA	ST		20 DATE OF	KNOWN [MONTH	4 CAY	YEAR	76 HOUR
	18 S. S. S. F.				Melvi	n	Ronald	đ	Tad	son, Jr			MATED E	3/	10/	19 87	/
	A CHE DIE	2.7	3 SEX		4. RACE	5 DATE OF B	IRTH	6. AGE (IN YE	ARS IF UNDI		DER 24 HRS.	2c DATE		MONTH	DAY	YEAR	24 HOUR
	DEATH, IF ANY DELAY IS NECESSARY, PIEASE GES I, 2, AND 3 TO THE FUNERAL DIRECTOR. WA PM 3, RETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BEYLLED, WITHIN 72 HOURS OF VITAL RECORDS, 20 I W. PRESTON STREET,	1	M	ale	B1ack	June 7	1937	49 YE		DAYS HOURS	MIN	PRONOUN DE AD		3/	10/	1987	
	STO Y	X		RTHPLACE (S		76 CITIZEN C	F WHAT COUN		0			9 BALTIM	ORE CITY	/			am
	SHE SHE	6		REIGN COUNTRY)		Unito	d C+a+a		The state of the s	NEVER MA	7.						
	X D S X X	1		lorida TY OR TOWN	OF DEATH		d State		WIDOWED			Prince UAL OCCUP					
3	A GEE	1				(IF NOT IN SI	JCH FACILITY, GIVE S	TREET ADDRESS)	., OR OTHER	1143111011014	FOR	MOST OF WOR	KING LIFE)	du-	0	RINDUSTI	RY
	A5 4 A3	4	LICILA	Clint	OII	6304	Killarne	ey St.			cati	ional_	Speci	alis	#U.S	. Go	v't.
201	SET SE	-	134 5		139 COU			ORTOWN		d. INSIDE CITY LIMITS		EET ADDRE			2	17:	5-
.21	A SER SER	1	Ma	ryland		ice Geor	ges C1	inton		YES NO	□ 63C	04 Kil	larne	y St	reet		20
A S	H. A. 3.	X	14 FA	THER'S NAME		MIDGLE		LAST	15	MOTHER'S MA	IDEN NAME	M	DOLE			LAST	
w w	E PE PE	0	M	elvin F	Ladson	n. Sr.				There	sa V.	Summe	ore				
MO	F PAGE FORM FORM FORM	1	16a. W		DEVER IN U.S. A		16b 500	CIAL SECURIT	Y NO. 17	INFORMANT	Ju-1		ADDRES:	s M	iami	, F1	
ALTIMORE	2 2 - 0 0	/		No	(* 123, 6)	E WAR OR DAILS)	264-	52-264	1 4	Theresa	Ladso	n 149	61 Fi				
-	S B F W	-			F DEATH (Enter a	nly ane cause pe			-	11161 600	Luust	111.17.2	701 11	LIIIO	A	PPROXIMATE	INTERVAL
12	DESEMT.	1 1		PARTIDE	ATH WAS CAUS	ED BY:			ltiple	Gunshot	- Woun	ds			8ET	WEEN ONSE	T AND DEATH
0	AES B	5	80		IMMEDIA	ATE CAUSE (a)_ DUE TO	O, OR AS A CON			00110110	- 110041	<u> </u>					
3	建成设在	5			ns, if any, which												
3	建了		777		se to immediat stating the under		O, OR AS A CON	JSEOUENICE (25						-		
- 6	HYZZYW.	É		lying cou		100210	, OK AS A COI	-SEGOENCE (0 5		
6	DI WEST	2		BAD) 5 DOUGE CA	CHILL THE CHIRLTON	(c)	AF AVII MAY MAY AS A										
ORO	SACAT	5	z	LWKI 5 DIMER 21	GNIFICANT CONDITION	2 COMINIMULING TO L	DEATH BUT NOT RELA	ATED TO THE TERM	INAL DISEASE DI	R CONDITION GIVEN II	PART 1 of						
100	SAS AS AS	5	CERTIFICATION	19a DATE OF	OBERATION	Tial co		WINCH OPEN	ATION 1 1 1 1 1 1 1	050500500							
1	OF HELD	1/	CA	190 DATE OF	OPERATION	196.CC	NDITION FOR	WHICH OPER	ATION WAS	PERFORMED?					20 /	AUTOPSY?	·
T X	NORD SHOW	5/_	RTIF	a) FV2F611												YES CX	NO 🗌
ö		200		UNDERLYING	L CAUSE WAS		AE OF INJURY	DAY YEAR	21¢ HOV	V INJURY OCCU	RRED (ENTER	NATURE OF INJ	IURY IN ITEM TO	PART TORP	ART 2)		
o N	E11223	50	MEDICAL	CONTRIBUTI	NG CAUSE OF			10/ 1987		ject for	and sh	ot					
V	AND SE	2	AED	21d INJURY C		STREET	ACE OF INJURY T. FACTORY, FARM, E		211 LOCA			CITY OR TOY	4/51	-	OUNTY		STATE
۵	NER: THIS DET CATE, WRITH FORWARDE TOR: PAGE 38 THE STATE DEP	3	~	AT WORK	NOT WHILE AT WORK		home		6304	Kilları	ney St	., CI	inton	, Pr.	. Ge	o.Co.	, Md.
	NER: T CATE, FORW THE ST	2.		22a certi	fy that I took char	ge of the	n described abo	over, held on-	Autopey	Insper	tion [Inquiry		nd in my c	Dinion		
	3E-11-	Ś		death results		ural causes 🔲	Micident	17/	icide .	Homede		ermined ma			- Filmon		
	SERTING SERVICE	Y Y				A	1	7	icide [TITLE (SPECIFY		ermined mo	inner,				
	E CONTRACTOR DE LA CONT	3		ACTUAL SIGNATURE		1	1, /	/	A4 D	Assista	1+	ICAL EXAM		DATE		3/11	/87
	SEA SEA	3		SIGNATORE	The state of	1)		M.D.		WED	ICALEXAM	IINER	SIGN	ED	-	,
	EXECUTE THE CERTIFE PAGE 4 SHOULD B TO FUNERAL DIRECASE OF THE PAGE A SHOULD B TO FUNERAL DIRECASE DEATH, WITH PAGE DEATH, WI	5		EXAMINER'S (TYPE OR PRI		gory R.	Kauffma	an, M.I). AF	DRESS	111 P	enn S	t.				
	PATO PATO	2	23a.Bl	JRIAL, CREMA	TION, REMOVAL			NAME OF CEA				CATION					
07/2			(5)	Burial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					h Cemet	CITY	liami,	Flor	ida	UNTY	51	ATE
07/84 25M	BP			NERAL DIREC	TOR	1101 105	1304 11	ooutan	11 3001		TE REC'D. BY	REGISTRA	R 256 REG	ISTRAR'S	SIGNAT	URE	4
	DHMH - 17 (VR A15 ME (5	11			uneral S	Service	7400 6	einvos	Δνο	NW MAI	- 60 -	097	4	Lorder	-	Land	
	(ALL WID WAS (2	17	1.10	uulle	uncial .	SCIVICE	7700 0	icul y la	AVC,	IVIA	1 1 /	301	endriver of	150,000	V. 1600	STATE OF THE PARTY OF	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN A MONTH 2h HOUR TYPE OR PRINT DEATH MATED Jesse Langlev 87 19 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR LAST BIRTHDAY) g:35 PRONOUNCED Dec. 28,1948 DEAD 38 RS Black 8 76 CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [DIVORCED Prince George's County, MD N.C. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Computer Operator Clinton Southern Maryland Hospital USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Suitland 5204 Belgreen Street, #404 P.G. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hester Langley Leatha Lathan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17. INFORMANT 238 80 8647 Theresa L. Gastfield-friend-5204 Belgreen Street, Suitland Maryla 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (0) Hypertrophic cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID Chronic asthma 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 711 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFER DEATH, WITH THE STATE DE BAITTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Natural causes X death resulted fram; Hamicide Undetermined manner TITLE (SPECIFY) 3/12/87 MDAssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St. Balto.MD. William M. Zane, M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1987 White Oaks Cemetery Grimesland, N.C. 07/84 Burial 25M 256 REGISTRARIS SIGNATURA 24 FUNERAL DIRECTO Home-4001 Benning Road N.E. **DHMH - 17** (VR A15 ME (5)) Fineral



(VRA 15, 4)

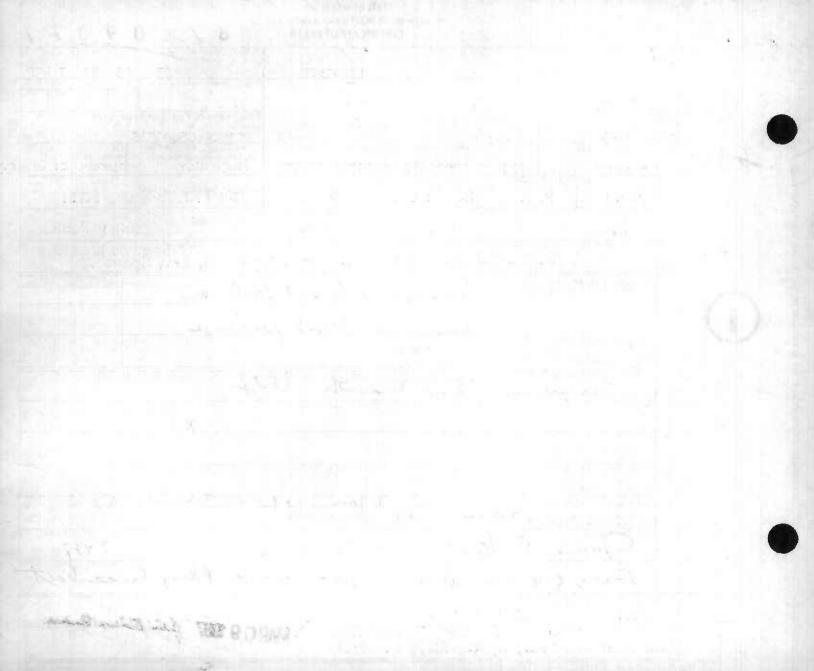


	1			STATE OF MARYLAND							
146605 H	a.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE						
0 4 0 0 0 0 1	12.7	REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO. 0	9016					
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
oy be age 3 deoth	(117)	Vanes	C	Latimore	3 - 1	- 37 7:30 A					
mo).	3 SE	X 4	RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS					
96 4		Male	Black	MONTH DAY YEAR O 5 - 26 / 80 9	78 YRS "	IONTHS DAYS HOURS MIN.					
d = 2/4/2		IRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH					
deorth 7	(SCORGIA	U.S. A.	WIDOWED DIVORCED	Prince George's	MD.					
in the second	10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION U	12b. KIND OF BUSINESS OR					
1 11	1	delphi		Vood Nors Center	RETIRED	PHIVATE					
hour and a	U5U 13a	AL RESIDENCE (IF NURSING HOME OF OTI	HER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	134 STREET ADDRESS / ZIP CODE	20745					
2 36		ARYLAND PE	CAPITAL	HATE YES NO	906 NUANGA	AVE					
1279	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME /						
11/10		UNKNOWN	DLE LAST	FIRST	MIDDLE	LAST					
a conte		WAS DECEASED EVER IN U.S. ARME		CURITY NO. 17 INFORMANT	UNKNOWN ADDRESS 1110	shinton DC.					
Pog ex	(YES, NO OR UNKNOWN) (IF YES GIVE W	AR OR DATES) 577-11	-9415 SAMUEL		ASTERN AVE N.E					
coon ers.		18 CAUSE OF DEATH (Enter only o	one rouse per line for in this	and in	KILMIOKE JOSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
at,		PART I. DEATH WAS CAUSED E	SY: CARD	10 PULMONARY ARE	REST	BETWEEN ONSET AND DEATH					
(A 4) 8	-	IMMEDIATE (AUSE (6)								
1 1		Conditions if any bid	DUE TO, OR AS A CONSEC	OUENCE OF WAL FAILUR	E						
n n c c		gove rise to immediate									
by th		couse (a), stating the 'underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF		4400 15000					
ed belong		DARI 2 OTHER SICNIEICANIT COL	(c)	O DEATH BUT NOT RELATED TO THE TER/							
quire sign hen to bu	Z	PART 2 OTHER SIGNAFICATIVI COL	ADITIONS CONTRIBUTING I	O DEATH BOT NOT RELATED TO THE TER	MINAT DISEASE OK CONDITION GIVE	EN IN PART TO					
w re	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES.	WERE FINDINGS USED					
no. no.	IFIC				IN CERTIFY	ING CAUSES OF DEATH?					
N: The hysicio	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW IN JURY OCCUR	YES NO YES						
SICIAN: 19 physis certificot riol-fron riol-fron frem 18 s		OR CONTRIBUTING _ CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	TEN (EMERICATORE OF INJUNT IN TIEM IS PA	INT I ON PART 2)					
HYSIC ading his cer burio burio al Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19 211 LOCATION							
d d the	ME	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE	E. FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE					
ING r off r of lith o	211	AT WORK		9	2/,	47					
Ol o Ol o ST Teo		220.1 certify that (1) (this hospital) sow the deceased alive on	ottended the deceased from			9 O , that (I) (we) lost					
AATT Osput d fo d fo f of f m 2 l		obove, (1) (we) (did) (did not) v	vew the body offer death	, and mar in (my) (out / opinion	death occurred on the date and hour						
OR A DIRECT OCHED DEPT		22b. SIGNATURE	11111	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED					
		1 Willy	with	PHYSICIAN	DIRECTOR PHYSICIAN	3/1/6/					
HOSPITAL FUNERAL Sold be det h the Stote		22d. PHYSICIAN'S NAME (TYPE OR PR	16	22e ADDRESS	UT. AVG. COLIG	THE PARK					
TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote		MARK PARK	HORST MI). //00 /51							
7 F S S S S S S S S S S S S S S S S S S	23a. E	BURIAL, CREMATION, REMOVAL	A. A.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	AD. 20170					
BP	_	BURIAL	3-7-87	HARMONY Mem. PK	LANGOUR	MARYANIE					
DHMH - 16 60M 7/B4	24 F	JNERAL DIRECTOR	LL ADDRESS	716 Conned 50 250. DA	TE REC'D. BY REGISTRAR 256. REGISTR	PAR'S SIGNATURE					
(VRA 15, 4)		"Ophoon & Jank	AND TO THE MODES	MAF	R 1 0 1087 / 1	Tridon Produce					
	-										

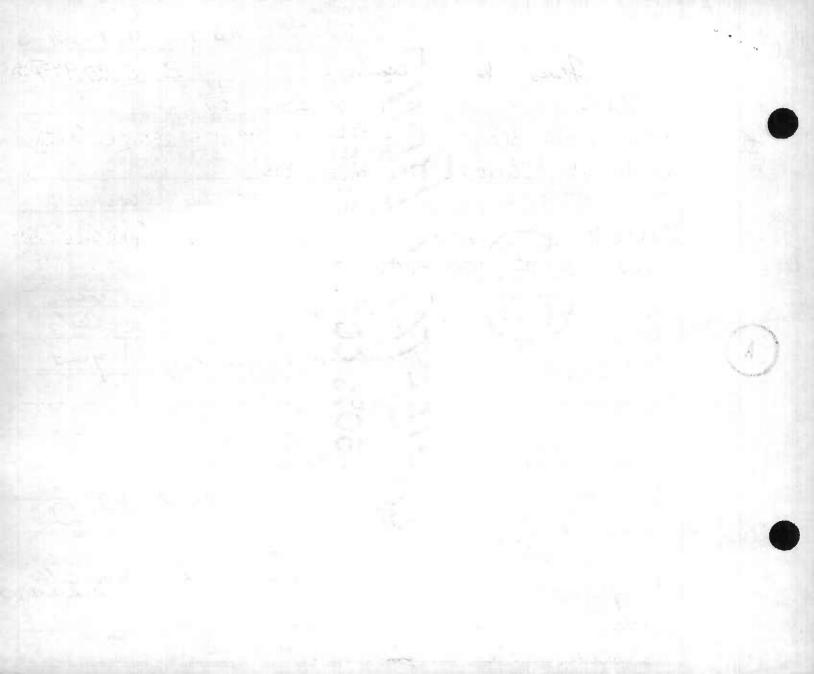
r ä	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8 % NO	0 9	077	
The Object of the physician of the physi			MIDDLE	Į.	AST	20. DATE OF DEATH A	AONTH DAY	YEAR 26 HOUR		
page 3		A	INA I4 RACE	F	5. DATE C	LAWRENCE	& AGE (IN YEARS LAST BIRTH	03 03	87 7 49PM	
ge 4 n			MHI.	TE	01-08-1895		92	YRS	DAYS HOURS MIN.	
oth. Po			76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED				
The form	10 CI	TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	11. NAME OF HOSPITAL, NURSING		R OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		12b. KIND OF BUSINESS OR	
filled in filled in the filled	USU,	AL RESIDENCE (IF NURSING HO.	NE OR OTHER INSTITUTION OUNTY P.G.	134 CITY OR TOW	N I	13d INSIDE CITY LIMITS?				
ompletely 7 2 st	TO FUNERAL DIRECTOR. After this certificate has been signed by in one price of the strong of the strong should be detached for use as the buriol-transit permit. Then please should be detached for use as the buriol-transit permit. Then please should be detached for use as the buriol-transit permit. Then please should be detached for use as the buriol-transit permit. Then please should be detached for use as the buriol-transit permit and mental the strong permit. Then please should be detached for use as the buriol-transit permit and mental the strong permit and	Alfred	MIDDLE	King		Mary	WIDDLE			
on ond c	(ES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	IVE WAR OR DATES			Lawrence, Sr., Spouse,			
prostering the state of the sta		PART I. DEATH WAS CA	er only one couse pe USED BY: DIATE CAUSE (0)		- 3	e heart of	ailure	81	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	
		Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse los	b (b)_	Chron	iù	Neval Lo	ulme			
requires en signe t. Then pl or to burny, y	ATION	PART 2 OTHER SIGNIFICA	noun	Hoor	ma	with le	19			
IYSICIAN: The low requires that the districtulinate be exdined physician. Is certificate has been signed by introduced prisician on burial-transit permit. Then please to accompany and the model Hygiene prior to burial, common experience of the model of the model.	RTIFIC/			V	OPERATIO		YES NO X	IN CERTIFYING C	AUSES OF DEATH?	
SICIAN- ig physic recrificot riol-from entol Hyg		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA	F DEATH HOUR A		Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORE	ART 2)	
ottendir otten this as the bu h ond M.	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	THE CHING STREET ADDRESS THE CONTROL OF STATE TO STATE OF WORK TOWNOST OF WORKING USED TO STATE OF WORK TOWN OF THE STATE OF THE						
ATTENDIN spital or CTOR. Ad I for use of Healt		220.1 certify that (I) (this because of the deceased alivabove, (I) (we) (did) (did)	e on 3 m.	19 5	7on					
AL OR AL DIRE detached of Dept		22h SICHAFURF	-C./c	-			MEDICAL STAFF		DATE SIGNED	
CO HOSPIT etoined by TO FUNER should be committee Ste with the Ste		22d. PHYSICIAN'S NAME (· CING	M.S.		/	over Phwo	7 6,10	enbelt	
PP		URIAL, CREMATION, REMO SPBUTIAL	23b. DATE 03-07-				OF DEATH REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 3. DATE DAY 20. DATE OF DEATH MONTH DAY YEAR 3. DATE DAY 20. DATE OF DEATH DAY MONTH DAY DAY 20. DATE OF DEATH DAY DAY 20. DATE OF DEATH DAY 20. DATE OF DEATH DAY DAY 20. DATE OF DAY DAY 20. DATE OF DAY DAY 20. DATE OF DA			
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOF rand	as Gasch' Ave. Hva	s Sons Fu	ineral	Home, P.	RO 9 198/		IGNATURE	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND



J				STATE OF MARYLAND		
100	FOR STATE)i	PARTMENT OF HEALTH AND MENTAL HY		0 0 0 1
J 1. E. 8110 JF	7 REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	0907
1 4.9 HAV 54	T DECEASED NAM	0.5	MIDDLE	124.1	2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3		James	Henry	Leahy, Jr.	3	18 1987 443P
The po	3 SEX	1	*. KACE	5 DATE OF DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
oge 4	70 BIRTHPLACE	STATE OR FOREIGN	W	1 8 20	6/ YR	s
THE T	Washin	atombe	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRIMORE CITY OR COUNTY	SKARS Countries
\$15	10 CITY OR TOWN	OF DEATH		NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	176 KIND OF BUSINESS OR
5 11/90	Huntes	VILLE!	OF NOT IN SUCH FACILITY, GIV	Manor Mursing Hom	(TYPE OF WORK FOR MOST OF WORKIN	
Poor 11/20/	USUAL RESIDENC	E (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDEN		Manager	Peoples Dru
22	Marylan		gomery Burt	PRIOWN ILLE 13d INSIDE CITY LIMITS? YES NO NO	3973 Blackburi	n Lane 20866
1 12 1	FATHER'S NAM		MIDDLE 3 L	AST AST	WIODIE	O LAST II
Pa 18/18/1	James	. 7,	Le	any mary	S.	Ga-Senschmi
9 9 3 1	WAS DECEASE		MED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFORMANT	ADDRESS	
0 24 1	Yes	WW	II 578	-09-8198 Beulah M. 1	Leahy wife	same as #13
of o	18 CAUSE C	F DEATH Enter on	ly one cause per line for (a),	(b), and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy proposition promise	PART I. D	EATH WAS CAUSEI	D BY: (E CAUSE (0)	mellmania		wells
ding arbo or re	7119		DUE TO, OR AS A COM	ASEQUIENCE OF	Light English	1.0
Non.	Conditions,	if any, which	(1b)	assertim		wells
a A A A O B A A A A A A A A A A A A A A A	gove rise	to immediate stating the	DUE TO, OR AS A COM	ASEOLIPACE OF A		
1 1 5	underlying	couse last	(10)	ASEOUPE Chlines d	escure	y kus
uir sigi nen a burio ury, ai		IER SIGNIFICANT C	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TERM	WIN AL DISEASE OR CONDITION	GIVEN IN PART 110
red in Th	NOTE OF 198 DATE OF 210. ACCIDEN	OPERATION	LIAN CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
low low serm serm vs or	SE IN DATE OF	OPERATION	198 CONDITION FOR	WHICH OPERATION WAS PERFORMED	IN CE	RTIFYING CAUSES OF DEATH?
The house of the house	E ACCIONA	T WAS UNDERLYING	21b. TIME OF INJURY	21. HOW INDUSTRICE	YES NO Y	YES NO
phys fico from 18	OR CONTRIBUTE	TING CAUSE OF DEA		TH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
SIC cert	9	DTIFY MEDICAL EXAMINER		19		
this se bind N	21d INJURY		218 PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
orke orke	AT WOOM	NOT WHILE		200 1 61	n. /	Ca
Teolog B	77u I certify	Met (1) (1) In hospit	tal) attended the decrased	137	- to Mira	19 thoff we) los
Spite Spite	oho	Mivel Idid I did not	the the body after death		death accurred on the date and	hour and from the conservated
Che Che	27k 51G8 AT	Aug C	1	DEGREE	,	220 DATE SIGNED
AL (AL (deto	100	1/2 /		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
NER NER	224 PHYSIC	/ /		The ADDRESS	2.1- [1 1	2-1-0-1 11
TO HOSPITA TO FUNERA should be di with the Sta	170	D. SCH	SILERI	no pour	and con 1)	raree self
of of other with	23a BURIAL, CREW	ATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	That EN
BP	(SPECIFY) Runia	9	March 21 1987	Meadow Ridge Cemeter	y Baltimore	Maryland
	24 FUNERAL DIRE				TE REC'D. BY REGISTRAR 256. REC	
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME		cis J. Collix	idy JA.	R 2 3 1987	
(410, 13, 4)	500 Unis	10 Krsitu B	RUG. WEST. SI	lver Spring. Md.		



Bowie, MD 20715-3043

Beall Funeral Home

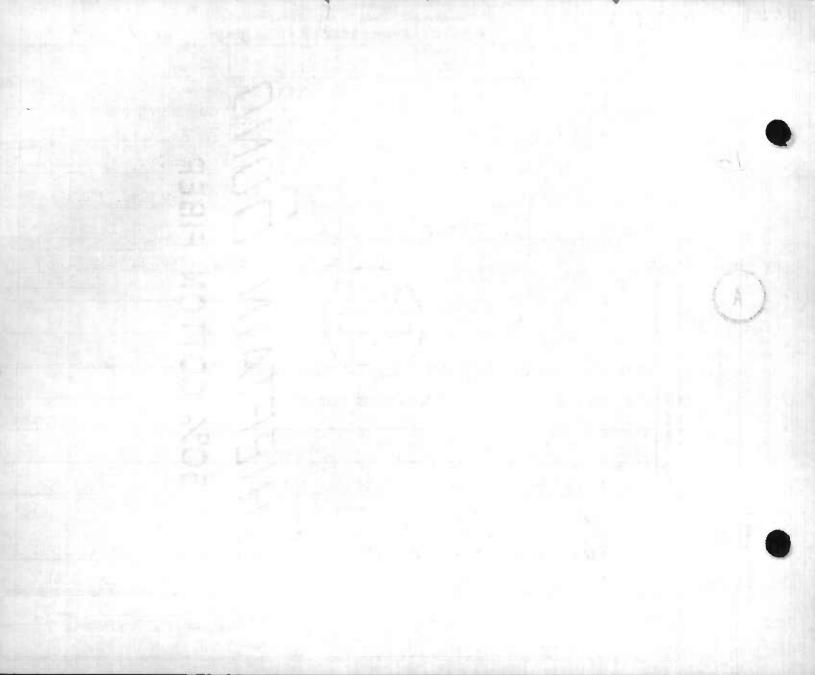
(VRA 15, 4)

ESTATE OF A STREET OF THE STREET OF THE STREET The content of the co . De la gracial de la gracia de la companya del companya del companya de la compa The solution of the second second second second second To the first of the first of the second of t The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI 3/5 Jack Lichtenberg DEATH MATED 1987 ON STREE 4 RACE 3 SEX S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR DATE 5:15 LAST BIRTHDAY PRONOUNCED 1087 Jun. 27, 1914 DEAD Male White Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) Oklahoma U. S. A. DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LOCE TICAL GUEEN Pepco Pepco 9215 St. Andrew's Place College Park Engineer 130 STATE 13b. COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Prince George's 9215 St. Andrew's Place College Park NO [15. MOTHER'S MAIDEN NAME EIRST Max Lichtenberg Fanny (unascertainable) ADDRE 965 Yachtsman Way 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Sherry Lichtenberg, Annapolis, Maryland Yes WW IT 577-09-3074 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of the stomach. IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 None 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY PACE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Netural causes X Hamicide . Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/5/87 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial 3/6/1987 Mount Lebanon Cemetery Adelphi, Prince George's, Md. 07/84 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE FUGNALD W. STEIN HEBREW MEMORIAL FUNERAL HOME DHMH - 17 Allea Divider Randall (VR A15 ME (5)) 232 CARROLL STREET, N. W. WASHINGTON, D. C.



049103	100 0 07				STATE OF A	MARYLAND				
0 4 3 1 0 3	+08			DEPARTMENT	OF HEALTH	AND MENTA	HYGIENE		0 1	
	REGISTRA	R	ME	DICAL EXAM	AINER'S	CERTIFICATE	OF BEATH	PAR NO	001	
		AME FIRST		WIDOFE		LAST		KNOWN VV MO	ONTH DAY YEAR	19 87 YEAR 19 87 19 87 19 87 19 87 19 87 2d HOUR 6 0 3 19 87 2d HOUR 6 0 3 MEATH OUNTY, MD. FOOT BUMOFTS FOOT TO STATE 10 10 10 10 10 10 10 10 10 10 10 10 10 1
28 m of 27 m	(TYPE OR PRINT)	Gler	in	S	T.i	lienfield	OF .	ESII.		
ACASE	3. SÉX									M HOUR
4. 3. 4. 4.			MONTH DAY	YEAR LAST B			MIN. PRONOL	INCED	2 20 27	6:03
A D D C O					YRS.					MAD. MOSTO NOCTO Tai- Ier STATE Co., d.
2000年4人	FOREIGN COUNT	TRY)		HAT COUNTRY?	8. MARR	ED NEVER MA	RRIEDXX	_		
255							RCED 🗆 Pri	nce Georg	ge's County	7 MD.
2009	DO CITY OR TOV	WN OF DEATH				ER INSTITUTION	12e USUAL OCC	JPATION (TYPE OF W	ORK 126 KIND OF BU	Mortg
3182/	Chev	erly /				Hospital	Mortgage	Banker	1st.Gov	t.
2529			OR OTHER INSTITUTION, G	WE RESIDENCE BEFORE AD	MISSION)					
2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	April 1						13e STREET ADDI	dlow Plan	(20017)	
F 100			Cillery] becliesu	a			diey bive	1. (20017)	
# H-189#	FIRST		MIDDLE ,	LASF				MIDDLE	LAST	
# 85 × 15								ADDRESS		
AN THE PARTY OF THE	(YES, NO, OR UN									
X XXXX	NO			215-98-3	537	Gerald L	ilienfield	;6407 Bra	idley Blvd.	;
2003	18 CAUS	E OF DEATH (Enter or	ly one couse per line			(- (J.)			APPROXIMATE RETWEEN ONSET	INTERVAL AND DEATH
T HANGE	PARI			Multiple	Injur:	ies			52.112.113.11	
22200	101	10	DUE TO, OR	AS A CONSEQUEN	ICE OF					
一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一										
W. W				AS A CONSEQUEN	ICE OF					
N AXA P	lying	lying cause lost. (c)								
# BP4336	PART 2 OTH									
A PERSONAL PROPERTY OF THE PRO		ik sionii icani condiiions	CONTRIBUTING TO DEATH	BUT NOT RECATED ID THE	TERMINAL DISEAS	E DR CONDITION GIVEN IN	PARI I IQ		Lockard DDRESethesda, Md. 20817 107 Bradley Blvd.; APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES KIX NO parked tractor trai- Jer	
SAL ASS	# P 19- DATE	OF OBERATION	Transcontinu							
A PER	/ \$ 190 DATE	OF OPERATION	196 CONDI	TION FOR WHICH C	PERATION W	AS PERFORMED?				
TA SECUL	_ E						No. of the last of	G NUMBER		NO 🗌
P	LINIDEDLY		HOUR A.M	N. MONTH DAY	YEAR 21c HO	OW INJURY OCCUP	RED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1	OR PART 2)	
DIVISION S CERTIFIC RITING TH RDED TO F S S SHOU F DEPART	CONTRIB					iver of a	uto impact	ed parked	tractor t	rai-
VISION SERVICE	21d INJUR		21e PLACE	OF INJURY (AT HOM						
NEW STATE OF	₹ WHILE AT WORE	NOT WHILE	Y	and the same of th		HELL			COUNTY atterrilla	STATE
E, VER	7									CO
# 508 H 2	220 10	1	ge of the remains des	5-17	EADMISSION) OWN Sida 13d INSIDE (ITY LIMITS) YES NO 15 MOTHERS MAIL Shelda SECURITY NO. 17 INFORMANT 3537 Gerald Li (c).) 18 Injuries UENCE OF THE TERMINAL DISEASE DR (DNDITIDN GIVEN IN IN THE OPERATION WAS PERFORMED? THE OPERATION WAS PERFORMED? THE OPERATION WAS PERFORMED? THE OPERATION WAS PERFORMED? THOME. 21f HOW INJURY OCCURR 19 87 driver of au HOME. 21f LOCATION STREET Cherry Hill Edd on Autopsy XX Inspecti Cherry Hill ASSISTAN ADDRESS 111 P OF CEMETERY OR CREMATORY DAVID MEMORIAL GA DRIAL CHAPELS 13d INSIDE (ITY LIMITS) TO PROPERTY NO. 15 MOTHERS MAIL THE OPERATORY ADDRESS 111 P TO PROPERTY OR CREMATORY DAVID MEMORIAL GA DRIAL CHAPELS	tion [], Inquir	ond in a	ny opinion	Ad.	
ME WOLF	(death re	suited from Natu	ral causes	Accident XX	Suicide	, Homicide	· Undetermined n	nanner,		
WAN WAN	ACTUAL	100.	1 WXh	1/2	(City)					_
YES YES	SIGNATU	outers	UD X YU	ujuln	grey M	D. Assista	nt_MEDICALEXA	MINER SI	ATE 3-30-8	37
NEW SEL	FYAMINE	P'S NAME -		1						
E E E E E E E E E E E E E E E E E E E	(TYPE OR	PRINT) Denn	is F. Smy	ch, M.D.		ADDRESS 111	Penn St.,	Balto., N	4d. 21201	
52558	Glenn S. Lilienfield S. Lilienfield S. Lilienfield S. Lilienfield S. Lilienfield Death Marked Jan. 16,1965 22 yrss. Male White Jan. 16,1965 22 yrss. Marked Never Marked Nev		COUNTY	76						
07/84 RP	Burial		3/31/87	King D	avid Me	morial G	in Falls	Church Fa	irfax ·Va	n.A.P.
25M DHMH - 17	24 FUNERAL DI	RECTORDANIZAN	SKY-COT DD	FDC MEMOD	TAT CH	DET C 250. DAT				
(VR A15 ME (5)	1170 P	Private Dil	DIG. DOGICAL	TIO ME	TWD CUN	TELED!	177 - 1 19	91		
1 - 1 - 7	11/0 1/00	VATITE BI	C ROCKVI	TIE, MO.	ZU85Z					



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 46557 MAR 11 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 28. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT Ruth Adelia LONG March 8, 1987 4 RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH August Female Caucasian Jar BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Missouri USA Prince George's County WIDOWEDKK DIVORCED [IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Magnolia Gardens Nursing Home Homemaker own home LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Pr.George's 12704 Brunswick Lane Bowie Maryland YESXX NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Roper Jasper Orvis Oma. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 12704 Brunswick Lane 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) 341-26-0090 Bowie. MD Marion R. Wise 20715 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (o) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis Canditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NOF 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased frame JAN sow the deceased alive on March 5, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 77k SIGNATURE 22c. DATE SIGNED DEGMS ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING MARCH 8, 1987 774 PHYSICIAN SALAME (1199 OFFIRM) 72e 'ADDRESS Suite 121 14300 Gallant Fox Lane Bowie, MD Dr. Riad Dakheel, M. D. 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Oak Grove Cemetery Hillsboro, Montgomery, Illinois 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 16000 Annapolis Road DHMH - 16 60M 7/84 (VRA 15, 4) Funeral Home

STATE OF MARYLAND

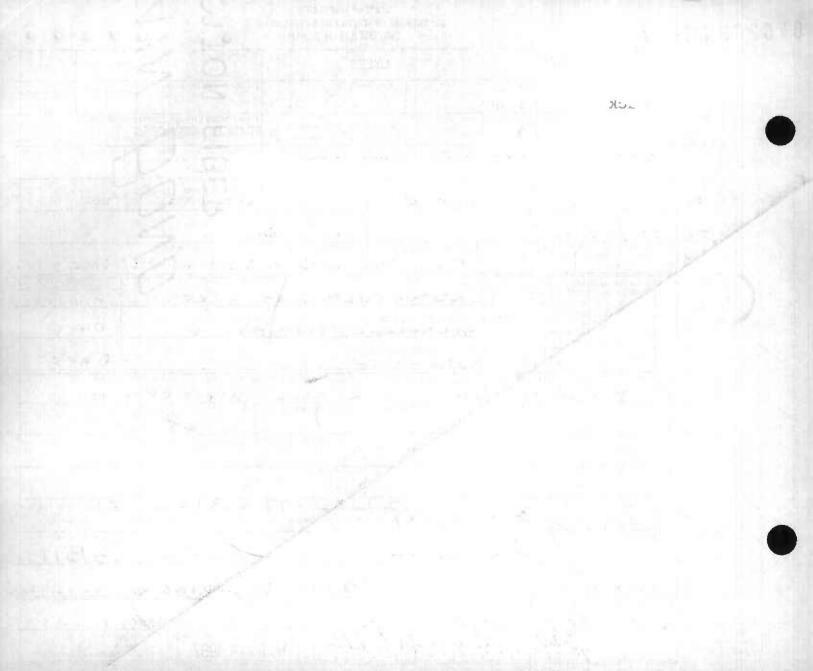
The second attraction of the second s Matter and a character of the last terms of the The product of pulled on the control of the pulled of the and the second of the state of the state of the second of the second of the second of the second of the second

4/10

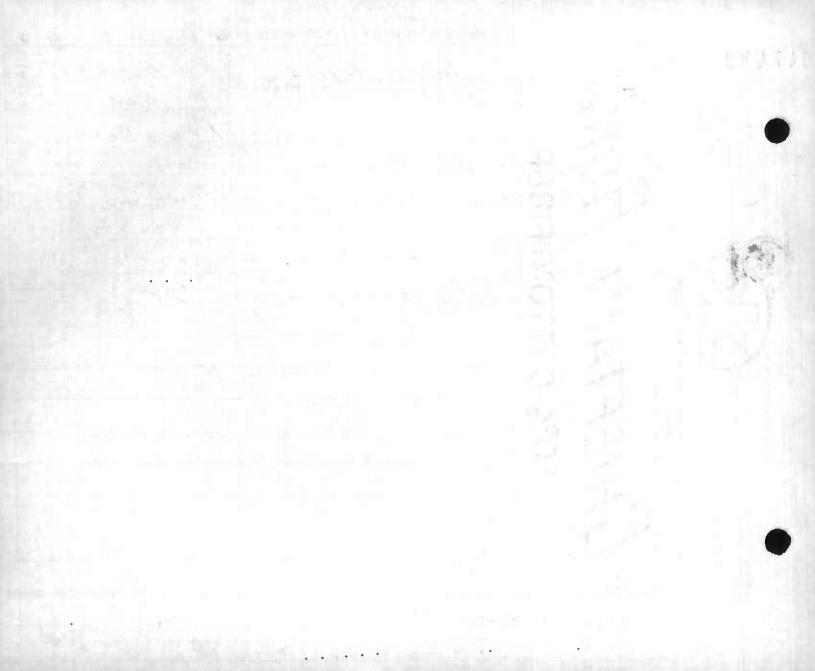
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 1 7 MAR 13 STATE REGISTRAR DECEASED NAME # HARRY 20. DATE KNOWN OF ESTI DEATH MATED DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS DAYS PRONOUNCED DEAD 1940 June BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED 10 CITY OR TOWN OF DEATH IN MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Cheverly Printer Printing 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Waldorf Bx-180 Mill Hill Rd marvland Charles 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ernest Lusk Goldie Harry Beatrice King 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) 579-52-0887 Donna Sue Lusk (Wife) same as 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c).) PART I DEATH WAS CAUSED BY white attendebuste landes vas onlos des pre DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC) CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Hamicide Undetermined manner PAGE 4 SHOUR TO FUNERAL D AFTER DEATH Deputy MEDICAL EXAMINER P. Rodriguez, 5009 Rayburn Ct , Temple Hills, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Waldorf, Charles, Md. Huntt Crematory 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESSP. O. Box 156 DHMH - 17 Julia Davidson-Randall FUNERAL HOME Waldorf, Md 20601 (VR A15 ME (5))

Plant Link Dung 22 Leve by . A. S. U Bun count ELEVATED PHOTO GEORGE STREET FLORING STREETS September Commercial C And it wis well whater in the last of the see in 18 -6- 0 Committed Willey Committee and Committee March 1988 and Committee March 1988

046263 MAR	FOR STATE REGISTRAR	DEPARTMENT OF HEALTI CERTIFICAT	MARYLAND H AND MENTAL HYGIENE E OF DEATH	8 / _{EG. NO.} 0	9085
noy be poge 3	DECEASED NAME (TYPE OR PRINT) DAVID	H LYLES	20 [DATE OF DEATH MONTH DA	12 87 8 00A M
ge 4 maj ector, po rs offer a	Male Bla	S. DATE OF BIRT OCt.	DAY YEAR -	GE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
n 72 hours of the factor of th	O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN COUNTRY)	OF WHAT COUNTRY? 8	9 BA	ALTIMORE CITY OR COUNTY OF THE STATE OF THE	DF DEATH
5/1/1	CHEVERLY PRIME	OF HOSPITAL, NURSING HOME OR OTH	ENITED (IVE	USUAL OCCUPATION E OF WORK FOR MOST OF WORKING LIFE) ellman	126 KIND OF BUSINESS OR INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITE 130. STATE 136 COUNTY Maryland PG	Landover 13d II	NSIDE CITY LIMITS? 1385	TREET ADDRESS / ZIP CODE 611 Hamlin S	treet 20784
МАВУ	4 FATHER'S NAME FIRST Lloyd Lyles	LAST			
TIMORE be exect from ond o	66 WAS DECEASED EVER IN U.S. ARMED FORC (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAT 10	(66)	David M. L	yles-son-310	l Cherry Rd.
PRESTON ST., BALTIMORE he deoth certificate be executed outstand physical control matter forms and control matter outstand the control matter	18 CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ((BETWEEN ONSET AND ONLY E			
RESTON e off mov from of	Conditions, if any, which gave rise to immediate	O, OR AS A CONSEQUENCE OF b) BILATERAL	PNEUM	ONIA	DAYS
s that the ed by the olease rearral, crem	underlying cause lost	O, OR AS A CONSEQUENCE OF			DAYS
corbs, require	PART 2 OTHER SIGNIFICANT CONDITION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CATEGORIES		TROKE	HYPERTER	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physicion. After this certificate has been sign as the buriol-fronsit permit. Then th and Mental Hygiene prior to b orked or frem J.B shaw, any injury	190 DATE OF OPERATION 198. CO	ME OF INJURY 1216 I	YE	ES NO VES	ING CAUSES OF DEATH?
ON OF VI	OR CONTRIBUTING CAUSE OF DEATH HOU	P.M. 19	LOCATION	ENTER NATIONAL OF THOMAS IN THE INTERNATION AND THE	T CAPACI
DIVISION OF PER THE CONTROL OF THE C	WHITE NOT WHITE AT WORK AT WORK 220.1 certify that (I) (this hospital) attends	ME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
RECTOR RECTOR RECTOR PPT. of Hee	saw the deceased alive an abave, (I) (we) (did) and not) view the b	body alter death.		accurred an the date and haur	9 , that (I) (we) lost and from the causes stated
0 = 0 + 0 =	22d PHYSICIAN'S NAME (TYPE OR PRINT)	· com	ATTENDING ME	DKAL STAFF ECTOR PHYSICIAN	3/3/187
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT; if		SOME 3	1701 M.	L. KING SP.	HWY LANDAM
ВР	Crematio	. /	s Crematori	CITY OR TOWN	
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME / DOWN / .	ome-4001 Benn. Ro	A- III	. 1000 / 1	indon-Randaea.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE KNOWN D TYPE OR PRINT OF ESTI-SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) RONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) US A WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION ITYPE OF WORK OR INDUSTRY Domestic None 13a STATE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Brodey Hammonds John Jessie 17. INFORMANT 16b SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 578-36-2275 Mrs. Mary Frances Moore/daughter/ 742 Oglethorpe St. N.E. 18 CAUSE OF DEATH (Enter only one couse per line forta), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO PC 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE NOT WHILE COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAL Natural causes Suicide Homicide ___ Undetermined monner TITLE (SPECIFY) SKINATURE XAMINER SMAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Lincoln Memorial Burial Suitland 07/84 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE John T. Rhines Co., 3015 12th St.N.E. DHMH - 17 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH - REGISTRAR REG. NO - DECEASED NAME 20 DATE KNOWN [5] MONTH 25 HOUR TYPE OR PRINT ESTI-Newlin DEATH MATED Barbara Mabe 24 10 87 4 RACE AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 74 HOUR DATE AST BIRTHDAY) 2:20 PRONOUNCED Female White 87 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey U.S.A. Prince George's County WIDOWED [DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Claims Adjuster Cheverly Soc. Security SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Mary Land Pasadena Pasadena 13d INSIDE CITY LIMITS? Anne Arundel 8410 Spring Road 21122 YES 🗌 XXON 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Newlin John ==== ==== ____ WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Maryland 21061 James C. Mabe 713 Kraft Court Glen Burnie 214-24-8329 No 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Thoraco-abdominal injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO [710 EXTERNAL CAUSE WAS 716 TIME OF INJURY HOUR AS MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE DE INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DI OR TO MEDICAL EXAMINER: THIS CENTRE EXECUTE THE CERTIFICATE. WRITING THE PAGE 4 SHOULD BE FORWARED TO TO FUNERAL DIRECTOR: PAGE 3 STA AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARTHAND, 21201 PROF CONTRIBUTING CAUSE OF DEATH 2:05P.M. 22 19 87 Driver in auto/auto impact 71e PLACE OF INJURY (ATHOME 71f LOCATION 71d INJURY OCCURRED STREET, FACTORY, EARM, ETC.) WHILE AT WORK AT WORK 2 & Lower Marlboro Rd, Sunderland, Calvert road X 220 I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Accident X death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE MD Deputy ChiefEDICAL EXAMINER 3/25/87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 73¢ NAME OF CEMETERY OR CREMATORY SPECIFY Cremation Balto Md Westview Memorial Park Catonsville 07/84 BP 25M 74 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** Gulia Day door (VR A15 ME (51)

THE RESERVED FOR THE SECOND SE AND A COURT OF THE PARTY OF THE PARTY. Affile 199 - Clark Land Miner Miner

	I	em # 5, Film G	625 3/13/87 ra		STATE OF	MARYLAND				20
	1.	FOR STATE tem # 14,		9/8)DEPARTI	CERTIFICA	TE OF DEATH	SIENE	0 9	10	8 4
0 MAR -	5.00	P.C.	P.C. by F.H.	216	LAST	TE OF BEATH	REG. N	O. MONTH DAY	Y YEAR	12b. HOUR
4 % e o		OR PRINT)	ENNETH	S.		/RAE	20 DATE OF DEATH	03 01	87	5 25Ph
may be page 3 er death	3. SE	x	4. RACE		5. DATE OF BIR		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HR
ector.	1	MALE	WHITE		NOV.	20°, 1927	49	YRS	DAYS	HOURS MIN
or log	7a B	RTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF WH	IAT COUNTRY?	8. MARRIEN X	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	FDEATH	
eath		V.C.	USA		WIDOWED [DIVORCED [PRINCE GE	ORGE'S	COUNT	Y
10	10 C	CHEVERLY	I IF NOT IN SUCH FA	ACILITY, GIVE STREET	ADDRESS)	L CENTER	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF SALESMA	OF WORKING LIFE)	INDUSTRY	OF BUSINESS C UTO
in b	USU	AL RESIDENCE (IF NURSING	OME OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	E ADMISSION)		13e STREET ADDRESS		1	1650
filled of the				LEXING		INSIDE CITY LIMITS?	P.O. b		362	
The same of the sa		THER'S NAME Urdock	MIDDLE Dennis	LAST	15. 7	MOTHER'S MAIDEN NA			LAS	57
p 18/8/	1			AC RAE	15-52	ATHENE	WIDDLE	М.	ALDR	
ecution of		VAS DECEASED EVER IN L		b. SOCIAL SECL		INFORMANT	ADDR	SS		
8 8 8	and the	YES, NO OR UNKNOWN) (IF		14-36-	3594 A	GNES P.MA	C RAE SA	ME AS	13E.	
AAI		18. CAUSE OF DEATH (E	nter anly one cause per lin							ONSET AND DEAT
op les		PART I. DEATH WAS			tory.	Arrist				- 5 1
ding urbin or m		1/90/								
ttend ve co on, o		Conditions, if any, which (16) Hepatic Encephalopathy								
he de material		gove rise to immedi	immediate toting the DUETO OR AS A CONSEQUENCE OF							
by the			ost.	ALA GOCT	Inointest	timal Hemo	rnhage		1	
ned pelecurial		PART 2. OTHER SIGNIFIC	CANT CONDITIONS CON					DITION GIVE	N IN PART 1	0.
sign Then tab	Z	Liver Circhosis								
priory	CERTIFICATION	190 DATE OF OPERATION			OPERATION W	AS PERFORMED	20a AUTOPSY?		WERE FINDI	
hos hos	E						YES NO	YES YES		NO []
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	E E	21a. ACCIDENT WAS UNDERLY				. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
CIA TO THE TO TH		OR CONTRIBUTING CAUS	CO. DEATH	MONTH D	AY YEAR					
ding ding ding Mer Mer	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY	211	LOCATION	CITY OR TO	NATE I	COUNTY	STATE
ond and	X	WHILE AT WORK	(AT HOME, STREET	, FACTORY, OFFICE, F	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
Afr olth mar			s hospital) attended the a	deceased from_	2-27	19 87		. 19	87	that (I) (we)
TEN TO OR THE THE		sow the deceased a	live on _ 3 -/ -	19	87, and the	at in (my) (aur) apinion	death accurred on the d	ate and haur c	and from the	couses stated
RECT SECT PPT. CPT.		22b. SIGNATURE	(did not) view the body at	ter death.	DEGI				22c. DATE	
the the Person		mot	. 8 /	11	100 }	ATTENDING	MEDICAL STA	FF.	3-1.	87
by by BRAI	1	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	7/-	220	ADDRESS	DIRECTOR PHYSI	IAN []	3 /	• /
TO HOSPITAL retained by the TO FUNERAL should be determined with the Stote IMPORTANT: If		mante	Than	rfler		Prince (Comment Com	en eral	Har	.1.1
M. IMP	22	Mantin			THE OF CENE	TERY OR CREMATORY	1236 LOCATION	101747	1101	1791
		BURIAL, CREMATION, REA					CITY OR TOWN	MAT DOI	COUNTY	STATE
BP		JRIAL UNERAL DIRECTOR	3/5/87	T	KTNTJ.Ā	MEMORIAL	GARDENS,			
DHMH - 16 60M 7/B4	14 1	NAME		ADDRESS			MAR 0 4 %	187	AN JOIGNA	2000 20- 8 ms
(VRA 15, 4)	W	CLARKE M	ATTINGLEY	LEONAR	NWOTOS.	MD.	18 84 41 4 m 14	0		



STATE OF MARYLAND 946294 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28. DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) MARIA 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 1888 26 Jan. hemale Caucasian 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Prince Georges WIDOWED Italu DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Carroll Manor Nursing Home Homemaker Homemaker Hyattsville 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5309 Riverdale Rd. 20737 Prince Georges Riverdale Maruland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Galardi Alfonso Giovannina Cipriani ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT same as #13 Filomena Smith daughter 577-07-5005 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS, A CONSEQUENCE OF underlying cause 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 218 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22s. | certify that (1) (this haspital) attended the deceased from. saw the deceased alive an MAYCh and that in (my) (aux) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS d bi Shou 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY BP. March 5, 1987 Cedar Hill Cemetery Suitland Prince Georges Md. Runial 24 FUNERAL DIRECTOR Francis J. Collins, Jr. DHMH - 16 50M 4/82 in Depidern 500 University Blud. West. Silver Spring. Md (VRA 15, 4)

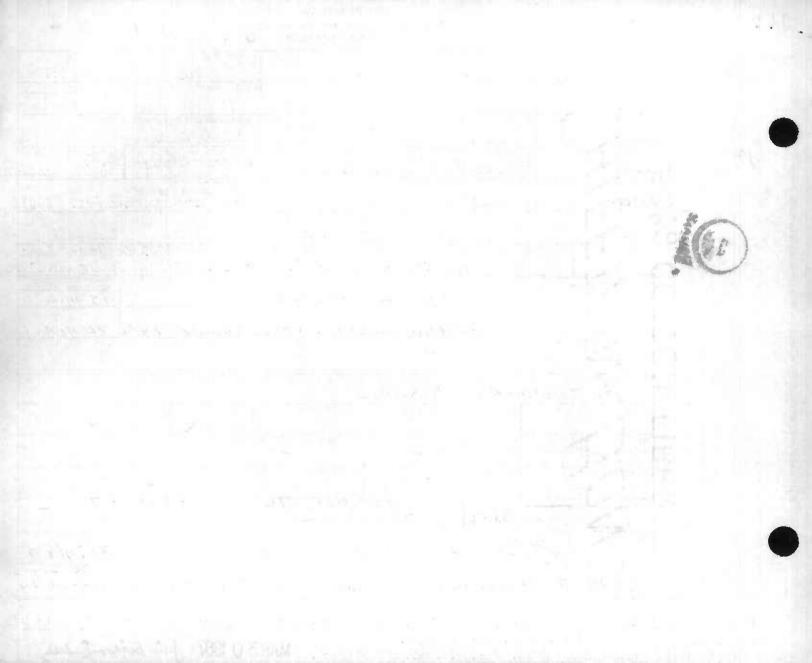
RESIDENCE ADMINISTRATION OF THE STREET MALE ALL DESIGNATION

102		rs ofter death. Page	by the funeral direction
T., BALTIMORE, MARYLAND 21;	1	rification of the within 24 have	phy A cardierly tiled in
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10	AN. The low requires that the death conhysicion.	ficate has been signed by the ottend to
DIVISION OF		TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate results at the factor and the death certained by the hospital or attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the ottend to private the control of the funeral direct control of the funeral direct control of the control
		00	

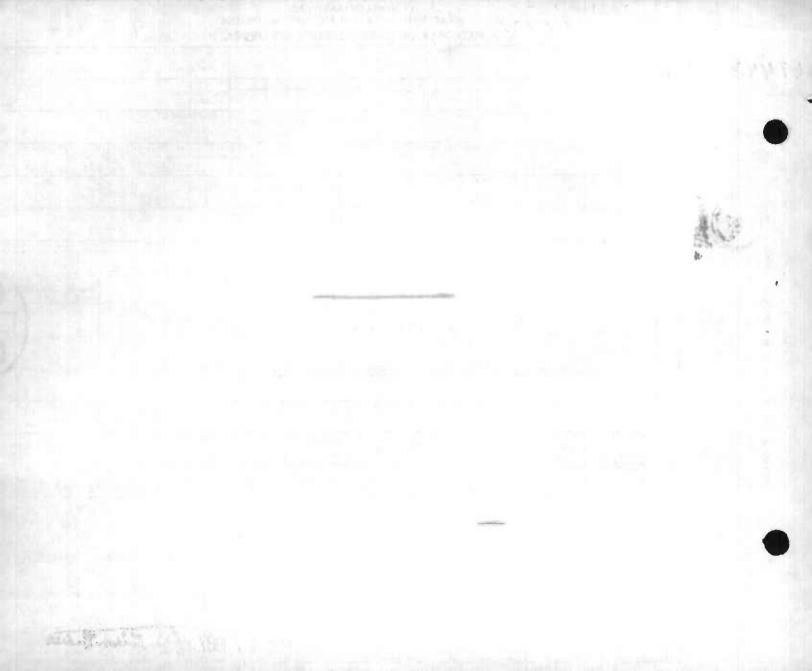
017200	1	FOR STATE			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 7	0	9 0	91		
1757 302 M	1 DE (149)	REGISTRAR CEASED NAME	FIRST		MIDDLE		CATE OF DEATH			DAY YEAR	26 HOUR 2:43a M		
ge 4 may be ector, page 3 rs after death	3 SE			4 RACE Caucas	ian	Dece	mbe ³⁴ 6, 1921	6 AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN		
deoth. Po	M	RTHPLACE ISTATE OR FO	ts	U.S.A.		WIDOWE		Prince George's					
201 urs ofter by the filed with		Riverdale		NAME OF HOSPITAL, NURSING HOME OF HOSPITAL NURSING HOME OF LOCAL MARKET AND RESEARCH AND RESEARCH AND RESIDENCE BEFORE ADMISSION. OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION.				Baker FOR MOST OF	F BUSINESS OR				
LAND 21	13 ₀ M	aryland	P.C		Riverdal		13d INSIDE CITY LIMITS? YES NO 1	157021 Carte	37				
WARY	1	Albert WAS DECEASED EVER II		MIDDLE	Mallette			Catherine MIDDLE					
LI IMORE			W.W.	OR DATES	013-14-4	859	Grace P. Mal		MATE INTERVAL DNSET AND DEATH				
quires that the death critical signed by the attending the please remove calculation, or in buriel, cremation, or enther troumal certain injury, or other troumal certain	7	PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita											
At RECOR	CERTIFICATION	190 DATE OF OPERAT	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO					
O HOSPITAL OR ATTENDING PHYSICIAN: I efformed by the hospital or ottending physicial to FUNERAL DIRECTOR. After this certificate should be detached for use as the burial-trons with the State Dept of Health and Mental HygiNMPORTANT. If hem a is moded or them.	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING COUNTY (IF EITHER NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE AT WORK AT WORK 22a. I certify that (I) (saw the deceased obove, (I) (we) (di 22b. SIGNATURE 22d. PHYSICIAN'S NAI P. Limp	AUSE OF DEAL EXAMINER This hospital dalive an diddid no	21e PLACE (AI HOME STI tal) attended th 3 1) view the bady (Impular R PRINT)	M. MONTH DAM. OF INJURY REEL, FACTORY, OFFICE F de deceased from	19 ARM, ETC)	211 LOCATION STREET 211 LOCATION STREET 19 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN E 220 ADDRESS 6 20 Rund	to STAF	wn	19 Sy and from the case of the			
BP———		BURIAL, CREMATION, R (SPECIFY) Buri	al	03/13	/87 Fo	ort Li	metery or crematory ncoln Cemeter	• 1			Marÿlanc		
DHMH - 16 60M 7/84 (VRA 15, 4)		rancis GAs 739 Baltimo						AR 1 6 1987	256 REGIST	TRAR'S SIGNATI	Kindsea		



010700						STAIL	OF MAKTL	AND				2 13		
0 4 8 7 Z 9 MA	31	FOR STATE REGISTRAR			DEPARTA		CATE OF	8 /	O REG. NO.	9 0 3	1 4			
		EASED NAME	FIRST	-	MIDDLE	LA	ST		20. DATE OF DE		DAY YEAR	26 HOUR		
ay be age 3 death	TYPE	OR PRINT)	berta	Ed	00	Man	и		Me	urch	24 1987	1:10pm		
Tacy Pod er d	3 SE		-	4. RACE	90	5. DATE O	F BIRTH		6. AGE (IN YEARS		IF UNDER I YEAR			
ge 4 ector rrs oft		female		Caucasi	an	Nov.	5 PAY	1910	76	YR	MONTHS DAYS	HOURS MIN.		
Po House		RTHPLACE (STATE OR FO	DREIGN 1	7b. CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE C	NEVER	MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF DEATH			
death unero	F	lorida		U.S.A		WIDOWE	D D	IVORCED		George	es	MD.		
by the lifed with the life		TY OR TOWN OF DEA attsville	TH	11. NAME OF I	HOSPITAL, NURSIN HFACILITY, GIVE STREET OLL MANOT	GHOME O ADDRESS) NWTS.	ing Ho	me me		ondent	& LIFE) INDUSTRY	126 KIND OF BUSINESS OR INDUSTRY Trinity Mission		
9 54 6	13a S	AL RESIDENCE (IF NURSI	NG HOME OR O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONI			Secre	RESS / ZIP CO		~		
1 41519			Prince	e Georg	13c. CITY OR TOW S Takoma	Park		NO 🗆	6802 Ne	w Hampa	shire Au	e. 20012		
1011	My F A	THER'S NAME		AIDDLE	_tast	1.55		S MAIDEN NA		IDDLE	T.	AST		
(alb)	1	James			Edge		Do			tta	Craw	ford		
1 48	0	VAS DECEASED EVER I		WAR OR DATES)	16b SOCIAL SECU		17 INFORM	~0	n	ADDRE 270.	3 Beechm	ont Lane		
	n	0			578-10-1	630	Vanie	l F. Ma	nn, Jr.	Silve		g, Md. 20906		
# Opport	-	18 CAUSE OF DEATH PART 1. DEATH W	(Enter only	y one couse per	line for (a), (b), and	licil						XIMATE INTERVAL N ONSET AND DEATH		
on plant	-			E CAUSE (0)	CARD	174	14 R	REST	plate.		15	mine		
or in	-			DUE TO, O	AS A CONSEQUE	NCE OF								
deo deo otte		Conditions, if any,		((b) /	RTEMIC	SCL	=720716	C CARD	10 VASCUL.	AR PIS	EASE 10	YEARS		
the remo		gove rise to imm couse (a), stating	the the	DUE TO, OI	R AS A CONSEQUE	NCE OF								
that d by ease ol, c or oth		underlying couse	lost	(c)				Tree						
signer Then pl to buri	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN GI												
ony i	ATI	190 DATE OF OPERAT			TION FOR WHICH			DRMED	20a AUTOPS	(2 20b. IF	YES, WERE FIND	INGS USED		
he lo	TE				-				YES TI NO	IN CEI	TIFTING CAUSE	S OF DEATH?		
ysicite consist Aygir	CERTIFICATION	210 ACCIDENT WAS UND		21b. TIME O			21c. HOW IN	NJURY OCCUR	RED LENTER NATURE	- American	18 PART I OR PART 2)			
Clarific oliver		OR CONTRIBUTING C			M. MONTH D	YEAR 10		-						
NG PHYSICIAN: The ottending physician ther this certificate h as the buriol-transit ph and Mental Hyger orked or them its sha	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		21f LOCATI			TY OR TOWN	COUNTY	,		
otter s the s ond	¥	WHILE NOT WHI	₩ □	(AT HOME, STR	EET, FACTORY, OFFICE F	ARM, ETC }	STREE	1	- (1	IT OR TOWN	COUNTY	STATE		
A A A A A A A A A A A A A A A A A A A	6	27s.1 certify that (I)	thir lampit	ak attended the	ceosed from_	AU	Gill ST	19 76	, to	3 24	1987	, that (I) (we) last		
TTEN Pirtol TOR for u	LI I	saw the decease	of colive pay	S / ("	19	7_, one	that in (my	(our) opinion	death occurred or	the date and	hour and from the	e couses stated		
hoss hed hed hed hed hed hed hed hed		THE SIGNATURE	2/ //	11	drive dedin.	D	EGREE				22c DAJI	ESIGNED		
the Day		A P	48	1 con	1	mi.	>	ATTENDING >	MEDICAL DIRECTOR []	STAFF	3/	24/87		
SPIT A be d by TAN		22d PHYSICIAN'S NA	ME TYPE OR	PRINT)			22e ADDRES		J. D. M. COTON E.	III OICIAI C	10	C 20008		
TO HOSPIT TO FUNER should be count the Sit		DENNIS	J. 1	MAND	mo		4600	LONNE	CTILLET	AUE 1	Y.W. WA	HINGTON		
Short Short		URIAL, CREMATION, F	REMOVAL	23b. DATE		IAME OF CE	1-0	CREMATORY	23d LOCATIO					
BP	(pecity		March :					ery Silv	er Spri	ina Monte	gomery Md.		
DHMH - 16 60M 7/B4		INERAL DIRECTOR F.	ranci	s J. Co	llins. In			25a. DAT	E REC'D. BY REGI	STRAR 256 REC	ISTRAR'S SIGNA	TURE		
(VRA 15, 4)	50	O Universi	tu Bl	vd. Wes	t. Silver	Spri	na. Md	MAR	3 0 1987	Julia	Deviden . K	andres.		
	- 0	31170103010				0,00		-						



IGR.	1-	FOR STATEMOLL EX REGISTRAR	30.,21a.		Gbi.	DEPART	by STA MENT OF EXAMIN	HEALTH	AND M	ND ENTAL H CATE O	4.		O REG. N	9) 9	3	
		CEASED NAME	FIRST			MIDDLE			LAST		-		KNOWN		DAY	YEAR	2b. HOUR
7 44 Q 8 1 14	A7	E OR PRINT)	Toghr	0]				Manoc	hehri				ESTI- A			9 87	
7 当品語 5世	3. SE>	4.1	RACE	5. DATE	OF BIRTH		6. AGE (IN YE	ARS IF UN		IF UNDER	24 HRS. 2	c. DATE		MONTH	DAY	YEAR	2d. HOUR
ON STATE	Ma		ranian	Jul.	y 21	,1955		RS. MONTH	DAYS	Hours	MIN P	RONOUN	ICED	3-		19 87	2:28 p. m
四名名言题 1		RTHPLACE (STATE	COUNTRY) MARRIED MEVER MARRIED														
SAN SAN		ran		Ir				WIDOW		DIVORCI			ice Ge			unty	, MD
PAGE PAGE	10. CI	ty or town of Lanham	DEATH	(IF NO	OT IN SUCH FAI	CILITY, GIVE S	RSING HOM TREET ADDRESS) Spital		ER INSTITU	MOITI	FOR MC	Sale		PE OF WORK	OR	D OF BUS INDUSTR	Y
- Chicago		L RESIDENCE (IF II		OR OTHER IN		VE RESIDENCE	BEFORE ADMISS	ION)							Auto	MOLT	ve
28198		aryland	Prin	ce G	eorges	S Cro	or town wnsvil	1e	YES X	NO 🗆		Pine	ss Trai	1	01	23,	2
# 323 /		THER'S NAME		MIDDLE			TAST		15. MOTHE	ER'S MAIDE	NAME	M	IDDLE		L	AST	
	Sec. of	Abol Abol					chehri	5.44	Parv								
and in a	16a. V	AS DECEASED EN	VER IN U.S. AR	MED FOR	CES?	166. SOC	IAL SECURIT	Y NO.	17. INFORA	MANT			9ff91M	llev:	ille.	Md.	20716
A SA		No			,	no	ne-unk	Dr.	F.Rah	bar 1	2505	Plea	sant	Pros	pect	Road	
HOURS N I 8 C NG WIT PORT P		18 CAUSE OF D PART I DEATH	EATH (Enter on WAS CAUSEI	001:		far (a), (b)		Aspirat	cion of						APP	ROXIMATE I	NTERVAL AND DEATH
ALO ALO		100	IMMEDIA		1		ISEQUENCE										
JER ALC ANSIT PAL HYGANSIT PAL HYGAL HYGAL			if any, which	1	u. Nar	cotic	Intoxic	ation									
A TRIE			ta immediate	10			SEQUENCE										
		lying cause l	ast.	- /													
AND		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTE	NG TO DEATH I	BIT NOT PELA	TEO TO THE TERM	AINAL DICEACE	OR CONDITION	N CHIEN IN BAR	NY 1						
AS A BURIAL ALTH AND M CREMATION,	Z				NO 10 OLKIN I	NOT HOT KEEN	TEO TO THE TERM	HIMAL DISEASE	OK CONDITION	N GIVEN IN PAI	KI I (D						
ED AS A BU HEALTH AN	ĕ	19a DATE OF OP	ERATION	119	% CONDIT	ION FOR 1	WHICH OPER	PATION W	AS PEREOR	MED?					20. 41	JTOPSY?	
TAMENT OF HEART OF HE	CERTIFICATION																
E B	ERT	21a EXTERNAL C	AUSE WAS	21	Ib. TIME OF	INJURY		71c HC	WINIDY	OCCURRE	D (ENTERNIE	TURE OF BU	IIIDV III IVE C	DART : OC		s XX	NO [
S S S	N C	UNDERLYING	OR		HOUR A.M.			R .				TORE OF IN	WAT IN HEM II	PARTION	ART 2)		
DEPART 1 PROR	MEDICAL	CONTRIBUTING			P.M.	OF INHIBY	9 19 8		ATION	used dr	uys						
201 Pi	ME				STREET, FACTO	ORY, FARM, ET		51	REET			CITY OR TOY	WN	r. Geo	OUNTY	, 1	Md . STATE
717	- 7	AT WORK	T WORK		Hon	ne		1250	5 Pleas	sant Pr	cospect	r Road	, Mitc	hellv	ille,		
MARYLAND, 2		220. I certify th	nat I taak charg	5	Sink &	fined aba	ve, held an	Autaps	xx.	Inspection		Inquiry		nd in my c	pinian		
AFTER DEATH, WITH TI BALLINORE, MARYLAI		dediti lesanda	//	al couses	737	1	is	11/	Hamic		Undeter	mined ma	inner X.				
		ACTUAL /	10111	112	01/	Dur	hlak	4016	TITLE (SI					DATE	2	10	07
SE A		SIGNATURE C	- LLC	Let	/XJ	T	1	THE TAKE	ASSI	stant	MEDIC	AL EXAM	INER	SIGN	ED	3-10-	8/
		EXAMINER'S NA	Des	-	F. Sn				DDKE33	111 P	enn S	St.,	Balto	. , Mo	d. 2	1201	
8 8	23e.80	JRIAL, CREMATIO	N, REMOVAL 2	36. DATE		23c. N	IAME OF CE	METERY OF	CREMATO	ORY	23d. LOC	ATION		COL	YTAL	STAT	IF.
		Burial		3/13	/87	Nat	ional	Memor	rial 1	Park			Church	ı. Vi	rein		
	24. FU	NERAL DIRECTO	2	e II	ADDRESS					25. DATE D		EGISTRA	F SE SEC	pa 6	1	Link	1
(5))	AL	EXANDER	S. POPE	E-261	7 Pa	Ave S	E Wash	ningto	on, D.	c MAR	177	106	Julia	Mende	Dr. Kee	4000	1



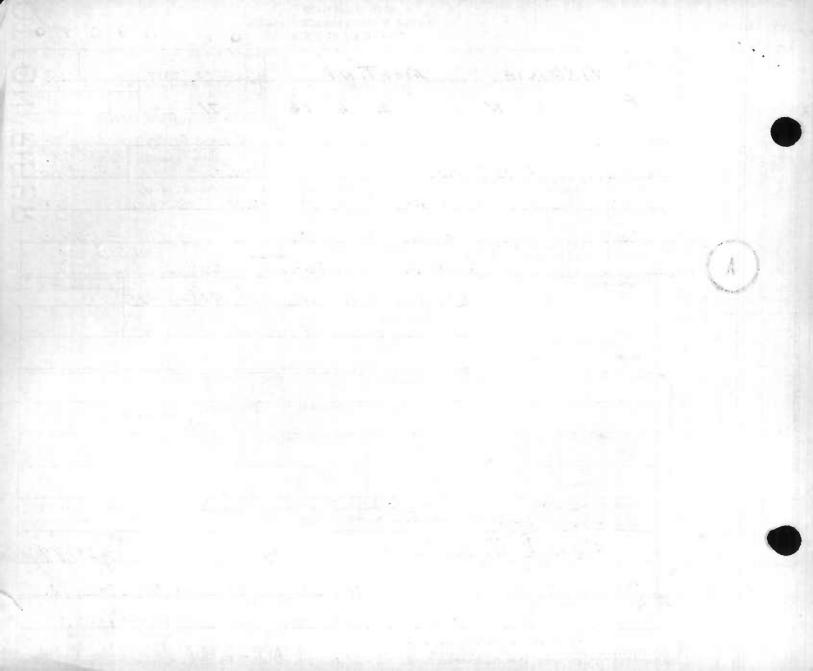
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO J.IDECEASED NAME 20. DATE OF DEATH 2b. HOUR LIYPE OF PRINTS P. ANNA MANTOS 03 de 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White April 10,1890 Female 96 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN 16 PERMEMEM QUNIRY? MARRIED NEVER MARRIED Greece Resident PRINCE GEORGES COUNTY WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH AL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY CLINTON SOUTHERN MARYLAND MSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A Clinton 13 Stuart Lane 20135 Md. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME James Pontazis Hellen Unobtainable 11 1 3901 Coastal Hgway Ocean City, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Catherine Spinelli (Niece) 213 74 8483 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a PRESTON ST AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING . CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (aur) apinian death occurred an the date and have and from the causes stated abave, (I) (we) (did) (did nat) view the body after death DEGREE 22b. SIGNATURE ATTENDING MEDICAL Should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT Dr. Mehrdad Mostaan 28th Ave., Temple Hills Md. 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 736. DATE Burial Washington, D.C. STATE Glenwood Cemetery 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md (VRA 15, 4)



STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LDECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-3/10 87 YOUR FILES. N 72 HOURS TON STREET, Isaac Marsh DEATH MATED 19 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 19 87 五,1908 78 Male Black DEAD Apr. 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. N.C. Prince George's County DIVORCED 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Brick-Cleaner Fairmont Heights \$elf-employe 905 Eastern Avenue WSUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, AD: 2120 20743 905 Eastern Avenue Maryland Prince George's Fairmont Hats. YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Milas MIDDLE MIDDLE Rebecca Rivers Marsh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** 243-14-7309 Margie L. Marsh-Same No as 13 above CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Brain tumor. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) V CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO X None DEPARTMENT CONTINUES 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR NGI None CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STIPMORE, MARYLAND, 2 Inquiry X Autopsy 22a I certify that I took charge of the remains described above, held on Inspection and in my apinion Natural causes X death resulted from: Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy 3/10/87 SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S John S. Rogers, M.D. ADDRES Silver Spring, Montgomery County, MD TYPE OR PRIM 36 BURIAL CREMATION REMOVAL 236 DATE 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH U REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Mar 03 - 31 - 876 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS Jan. DAYS 1917 female Caucasian 76 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARRIED Washington. D.C. U.S.A. PRINCE GEORGE'S COUNTY DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE Homemaker CHEVERLY Homomabon ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince Georges s Univ. Park 13e STREET ADDRESS Maruland 6504 Queen Chanel Rd 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Edward FPPON Rache uans ADDRESS 780 So. Park Court 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO daughter (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dale City Va. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ DUE TO, OR AS A CONSEQUENCE OF rebraiascular Accidents Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 220.1 certify that W (this haspital) attended the deceased fram. saw the deceased alive on 3/10 abave, (1) (we) (did) (did not) view the bady after death and that in (my) (aux) ppinian death accurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN M DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22s ADDRESS sclege Yark Mid 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery Silver Spring, Montgomery, Md. Burial Apr. 4.1987 24 FUNERAL DIRECTOR Francis J. Collins. Jr. DHMH - 16 60M 7/73 Julia Dandern Randage 500 University Blvd. West. Silver Spring. Md. (VRA 15 (4))

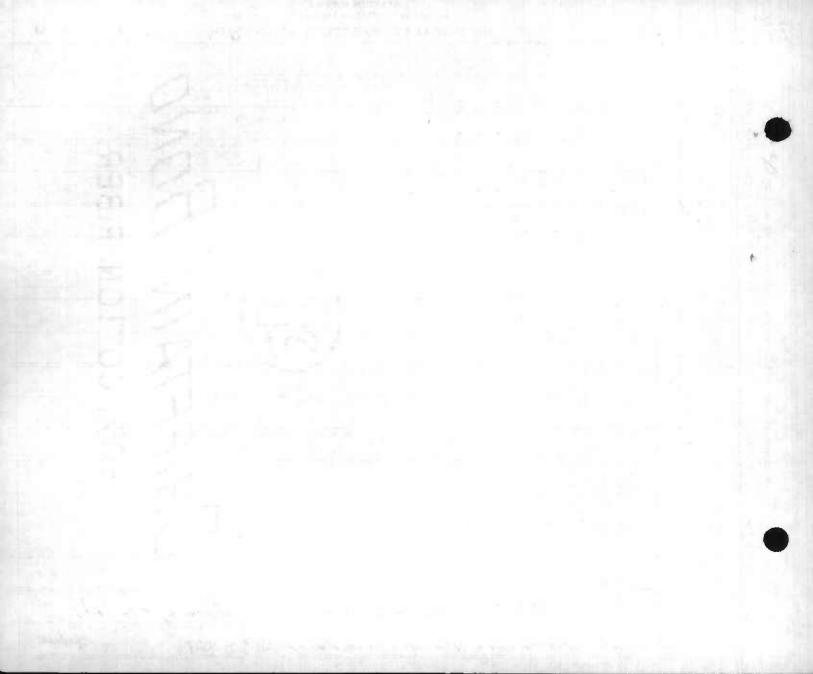
4/9

. .

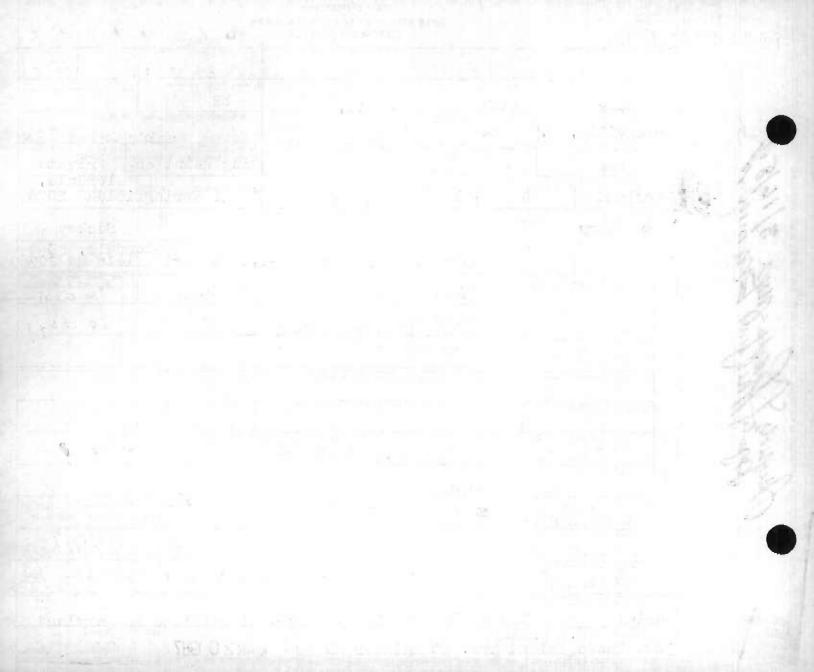




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-DEATH MATED P. Terrance Mayfield 19 87 6 AGE (IN YEARS | IF UNDER 1 YR. SEX 4. RACE IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) 5:08 PRONOUNCED Feb. 25, 1959 28 YRS 19 87 DEAD Male Black P. M 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md. WIDOWED Prince George's County, DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS None None FOR MOST OF WORKING LIFE)
Unemployed 815 Balsam Tree Drive Fairmount Heights SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Md. P.G. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 8609 Fulton Ave. Glenarden YES K FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Terrance H. P. Mayfield, Sr. Platt Inez WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ACHenarden, Md. Daisy Parker-1529 4th St. 264-51-5826 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Hanging IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a Schizophrenia 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X TIE EXTERNAL CAUSE WAS THE TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR MONTH DAY YEAR UNDERLYING XXOR subject hanged himself CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOWS 211. LOCATION STREET, PACTORY, FARM, STC 1 WHILE D NOT WHILE XX 815 Balsam Tree Drive, Fairmount Hgts. field Prince George's Co. Autopsy XX The I certify that Linck charge of the remains discribed above, held an Inspection Md. Suicide X dooth resulted born Hamicide Undetermined manner TITLE (SPECIFY) Assistant 3-10-87 EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. / MMYOVER 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** H.S. WASHINGTON + SONS 4925 BURROUGHS AVENS (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Lafavette MCBEE March 15, 1987 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Black Male TO BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA reenville. WIDOWED DIVORCED [Prince George's County 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maint Eng Lanham AMI Doctors' Hospital ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Glendale, MD 13P CONHIX Giendale Maryland eldRd 20769 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ben Perry MIDDLE LAST MIDDLE Valena Dickey ADDRESS Glendale, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 3449 Viola McBee, 8001 Springfield Rd 20769 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Home (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a. | certify that (1) (this haspital) attempted the deceased fram and that in (ii v) (our pinian death accurred an the date and hour and from the causes stated abave (If (we) (did) (ad not) view the body after death. 226 SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYLLUR PRINT) 7500 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Washington National Suitland PG Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Rhode Island Ave. Mt Rainier MD MAR 20 (VRA 15, 4)



Maryland III Courty polaris Osemrestos Su todivisque 20700 and regists 80420 . The a troop of the bally of const bird frame and frame Tella Jones ve. It II STP-80-199 L. Smithe Maloreich Borie, Hu 2015

Surfail JAS (, 196 Wigyland Victoria Den Ironaryllie, Jone Kroplai, Min Ker Killer Library 1 to 1 MARK U.S. 1888 William Meller Library 1 Mark U.S. 1888 William Mell

9013 Annapolis Rd. Lanham, Md. 20706

(VRA 15, 4)

419

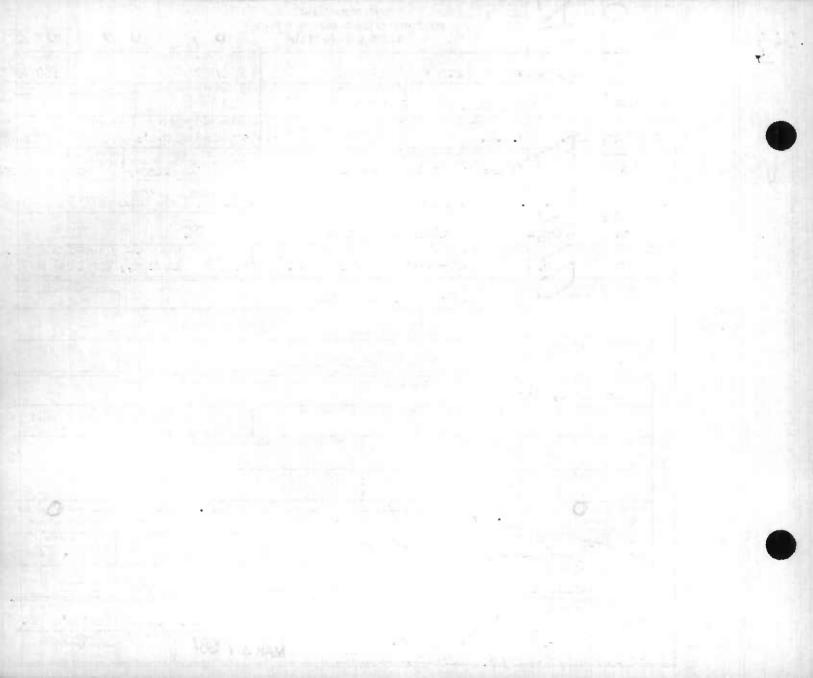
POWER NEW YORK

renil positions

N. J. Jan. of P. K.

Party and a straight at

Annaha ing panggan ing panggan



				N. Beller				STATI	OF MARY	LAND					
			1-	FOR STATE			DEPA			MENTAL HYGI	ENE	0	9 1	0 3	
4.0	510	100		REGISTRAR					ICATE OF	DEATH		EG. NO.			
TU	. w=	ATH -	I. DEC	CEASED NAME F	IR51	М	AIDDLE	Į.	AST		20. DATE OF DEA	нтиом НТА	DAY YEAR	26 HOUR	
	be oge 3	1-3			ily_		Marie		HALE		March 3			4:07P M	
	4 m or, p		3. SEX			RACE		5. DATE C	DAY	YEAR	6. AGE (IN YEARS I	AST BIRTHDAY)	MONTHS DAYS		
	oge rrect	-		male		aucasi			ch 24,	1916	71	YRS.			
	h. P.	9 4	0	RTHPLACE (STATE OR FORE			WHAT COUNT	RY? 8 MARRIEI	NEVER	MARRIED -	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH		
	hin dear	80 1		w York		J.S.A.		WIDOWE		ONORCED [George		MD.	
_	The state of the s	\$ >	10 C1	TY OR TOWN OF DEATH			H FACILITY, GIVE ST				120 USUAL OCC	MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR	
21201 DMT	urs o	<u>(a)~)</u>		anham		octors		ital of	Pr. Ge	eo. Co.	Salespe	rson . R	.adio &	T.V Stor	
MARYLAND 21		33	13a. S	L RESIDENCE (IF NURSING TATE 13)	rince	Geo.	Green	own belt	13d INSIDE	CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 6952 Hanover Pkwy., 202				
RYL	10個	1	14 FA	THER'S NAME	MIC	DDLF	LAST		15 MOTHER	S MAIDEN NAM		DDLE			
		200	Ro	bert	Α.		Williams	son	Flore	ence	Mile	(u	navaila	ble)	
ORE,	y y pu	dice	16a W	AS DECEASED EVER IN		D FORCES?	166 SOCIALS		17 INFORM			ADDRESS		ll a n	
TIMO	be e	пед	No				577-1	6-8692	Thom	nas J. M	cHale, J	r., Sam	e as Lii	ne #13	
BAL	ysicio	vol.		18 CAUSE OF DEATH (8	Enter only	ane cause per l	line far (a), (b)	, and (c).)	1		4		APPRO BETWEEN	XIMATE INTERVAL	
ST.	ertific g ph	ever			MEDIATE			Cary	Mac	- res	1				
ESTON	indin corb	corbin , or notic				DUE TO, OR	AS A CONSE	QUENCE OF	4. 2.	1. 1	4-1.		0		
REST	dec	roun		Canditions, if any, w		(b)	Ser	era	neros	relevous	carlle	ovascus ase	ar		
W.P	the the	ther 1		couse (0), stoting		DUE TO, OR	R AS A CONSE	QUENCE OF			dise	ase			
10		or oth				(c)									
35, 2	Juire Sign	o bo	Z	PART 2 OTHER SIGNIFI	ICANT CO	nditions <u>co</u>	NTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR	CONDITION G	IVEN IN PART 1	la	
RECORD	reen een	ny in	CERTIFICATION	19a DATE OF OPERATIO	N	10k CONDE	TION FOR WH	ICH OPERATION	N WAS DEDE	OBMED	20a AUTOPSY	2 Table V	ES, WERE FIND	hios uses	
REC	alla n. nos b	ws or	IFIC.	IN DATE OF OFERATIO		170. CONDI	NOIN TOK WIT	ICHOPERATIO	4 WAS PERF	OKMED		IN CERT	IFYING CAUSE	S OF DEATH?	
ITAL	Sicio sicio orte l	sho -	ERT	21g. ACCIDENT WAS UNDERL	YING [216. TIME OF	FINJURY		21c HOW I	NJURY OCCURR	YES NO		ES PART 1 OR PART 2)	NO 🗌	
7 L	Phy phy riffice of-tree	E IS		OR CONTRIBUTING CAU			M. MONTH				THE MAIGHE)			
DIVISION OF	HYSIC ding ding is cer	Men or He	MEDICAL	(IF EITHER NOTIFY MEDICAL I		P.A 21e PLACE C		19	21f. LOCATI	ION					
VISIV	er the	ond ked o	ME	WHILE NOT WHILE			EET, FACTORY, OFF	ICE, FARM, ETC.)	STREE	ET	CITY	ORTOWN	COUNTY	STATE	
ā 5	DIN Or or or se os	mor mor		220. I certify that (I) (th	is hospital) ottended the	deceased fro	m DARC	H 30	19 57	to		. 19	, that (I) (we) lost	
	TOR TOR	of He 21 is		saw the deceased abave, (I) (we) (did)						T(aur) opinion d	eath occurred an	the date and ho			
	R A hosp	rem tem		22b. SIGNATURE	(Bid Rat) V	new the body o	affer deoth.	-	PEGREE	- 1	Datta la	ole L	22c DAT	E,BIGNED /	
	the the letoc	T: If		Jenn	15	· Han	com	MI)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [3/	31/87	
	HOSPIT.	th the Sto		228. PHYSICIAN'S NAME	(TYPE OR PI	2/2 /	Lin	1	22e ADDRE		7 / /	1	011	1 117	
	O HOSF etoined TO FUNI	MPORT		Jer	MY	D-7	TAIR	10N	(x/18 t	004 L	(ICK)	JaLA	way.	
	5 ga 5 gg	3 ≧		URIAL, CREMATION, REA	MOVAL	236. DATE	2	3c NAME OF CI	EMETERY OR	CREMATORY	23d LOCATION	1		1	
	BP			irial		4-2-87		Ft. Lin	coln C	emetery	Brenty	wood, P	. G., Ma	aryland	
	DHMH - 16 6	0M 7/84		ANDISCAS				RAL HO	ME, P	A 250 DATE	REC'D. BY REGIS	TRAR 256 REGIS	TRAR'S SIGNA	TURE	
	(VRA 15		47	39 Baltimore	e Ave	., Hya	ttsville	, Maryl	and	A	DD 6 40	107 1.		50	
														STATE OF THE PARTY	

form and the late of the second

4/10

S. RAY MITCHELL, MAJ. USAF, MC 243-82-8 C9 AFSC \$365-93664 RHEUMATOLUGIST RHEUMATOLUGIST MALCOLIN GROW USAF MEDICAL CENTER

		1	N				STAT	E OF MARYLAND				. 2%	
, 0	9027	7 1	1	FOR STATE 7 REGISTRAR		DEI		IEALTH AND MEN	6.5	REG. NO	0 9	1 0	3
			1 DE	EASED NAME FIRS	1	MIDDLE		LAST	2a.		MONTH D	AY YEAR 2	b HOUR
	tor. page 3	-	(TYPE	OR PRINTI	red		Mere	Semis		3-22	-87		6:15%
	po ter d	-11	3 SE		4. RACE		5. DATE (OF BIRTH		AGE (IN YEARS LAST BIRT			F UNDER 24 HRS
	irector		1 0	Male		ite	MONTH 6		79	87	YRS		HOURS MIN.
	neral d	17		STATE OF FOREIGN		S. A.	MARRIE WIDOWI	D NEVER MAR	RIED 📙	Frince Ge	_	OF DEATH	AAD
	er de fuit		10 C	TY OR TOWN QEDEATH			URSING HOME	OR OTHER INSTITU	TION 12a	USUAL OCCUPATION		126 KIND OF	BUSINESS OR
5	fled fled	10	1	Largo	Mar	IN SUCH FACILITY, GIVE	e nurs	ING HOM	7e "	Printel	F WORKING LIFE	wash. F	ost
IND 21:	1	35	130.5	TATE 13b C	ME OR OTHER INSTIT	UTION GIVE RESIDENC		134. INSIDE CITY I	LIMITS? 13e	STREET ADDRESS		e 20	184
SYLA	()	11	14. F.	THER'S NAME	MIDDLE			15. MOTHER'S MA			7		
WAM	\ 多月	10	0	Israel	MIDDLE	Me	relman	Em	ma	WIDDLE	٨	<i>lerelman</i>	L
MORE, MARYLA	0 0 0 e	.5/		AS DECEASED EVER IN U.S	ARMED FORCES GIVE WAR OR DA	ES1	L SECURITY NO.	17 INFORMANT		49090 TU	fillet	Drive,	
TIM	on on S. Pog	7		es, no or unknown) (IF YE	VW 1	579-07	7-2909	Jack M.	Mereln	nan Annana	lale 1	lirainio	22003
BAL	hysical oper-			18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one caus	e per line far (p),	(b), and (c).)		Ph.			BETWEEN ON	ATE INTERVAL SET AND DEATH
ST.,	g ph sang		-		DIATE CAUSE) Meta	stahe	Carce	nomo				
PRESTON	endin cork				DUE T	O, OR AS A CON	SEQUENCEPF	1 -				100	
S S	e der move notion			Conditions, if any, whice gave rise to immediat		b)	emel	lumor					
*	by the series			cause (a), stating the underlying cause las		O, OR AS A CON	SEQUENCE OF						
201	se the			PART 2 OTHER SIGNIFICA	NI CONDIMON	S CONTRIBUTION	G TO DEATH BUT	NOT BELATED TO	THE TERMINIA	DISEASE OR CONI	DITION CIVE	NI INI DADI 1	
RDS,	sign Then to bu		N O	THE CHIEK SIGNATES	la	act 1	Disease		THE TERMINA	L DISEASE OR CON	DITION GIVE	IN IIN PART III	
RECORDS,	beer mit.	1	CERTIFICATION	190 DATE OF OPERATION	19b. C	OUDITION FOR V		N WAS PERFORME	D	200 AUTOPSY?	200 IF YES,	WERE FINDING	S USED
	has has	1	TIFIC							YES NO NO	YES	ING CAUSES O	P DEATH?
DIVISION OF VITAL	nysicio icate ransit Hygin	0	E.	21a. ACCIDENT WAS UNDERLYIN		ME OF INJURY R A.M. MONT	H DAY YEAR	21c. HOW INJUR	Y OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)	
0	SICIAN 19 physical certifical rial-fran ental Hy	7	CAL	OR CONTRIBUTING CAUSE C	N DEATH	P.M.	19						
NO.	this of the burner of or l		MEDICAL	21d. INJURY OCCURRED		ACE OF INJURY	OFFICE FARM ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
ž	of the standard		~	AT WORK NOT WHILE						2/-			
	No N			220.1 certify that of (this h			The last	Z, 1	987.	to_5/22	, 1		at fit (we) last
	Spirto CTO I for of t			saw the deceased aliv obove, (I) (we) (did) (di		bady after death.	_19_ \	nd that in (🚧) (our	r) apinian deat	h occurred an the do	ate and have	and fram the ca	uses stated
	OR A he ho DIRE achec Dept			226 SIGNATURE	1/2		17711-19	DEGREE	NDING M	EDICAL STAF	r	22c. DATE SI	
	1 = 1 = 0			/4	Barren	/			SICIAN DI	RECTOR PHYSIC	IAN	3-2	2-87
	TO HOSPITAL retained by the TO FUNERAL should be determent with the State IMPORTANT.	V		22d. PHYSICIAN'S NAME (KARIM		76 0 G	erroll t	tve, Tak	oma l	Park,	MD
	T = 1 ≥ 3 ≤		23a E	URIAL, CREMATION, REMO				EMETERY OR CREA		23d. LOCATION	,	COUNTY	MAR
	BP			bureae		24/1987		t'l Mem.		Läwiel	,	P. G.,	Mà'.
D	OHMH - 16 60M 7. (VRA 15, 4)	/B4	200	AND PROPERTY STEIN	REET, N.	W., WAS	SHINGTON,		AR 26	1987 A	256 REGISTR	AR'S SIGNATUR	ia.



0.004	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7 PEG NO 0 9 1 0 6										
SJUH APR	I.DE	GEASED NAME	FIRST		WIDDLE	· ·	AS1		REG. NO.	NTH DA	Y YEAR	7b. HOUR		
deoth deoth	TYPI	OR PRINT)	IDA		MAE	ME	SSERLA		03	31	87	11:00 Aim		
er d	3 SE	X	100000	. RACE		5. DATE C	OF BIRTH	6 AGE (II	N YEARS LAST BIRTHD		UNDERTYEAR	IF UNDER 24 HRS		
1		FEMALE		WHI	TE	AUG.	14,1919	10.10	67	YRS.	NIMS DAYS	HOURS MIN.		
52 /W/	1	RTHPLACE (STATE OR FOIL			WHAT COUN	RY? 8	D NEVER MARRIED	9 BALTIN	9 BALTIMORE CITY OR COUNTY					
11/1		SHINGTON,			.S.A.	WIDOWE	DIVORCED [NCE GE	15	MD.			
86	CI	INTON	1				PITAL CENTE		PER HOMEMAKER OWN H					
为起	13a :	AL RESIDENCE (IF NURS) STATE MD.	COUNT		13c. CITY OR COBB		13d. INSIDE CITY LIMITS?		AST MA	IN A'	VE.	20625		
001	III. FA	THER'S NAME FIRST	M	DDIE	LAST		15 MOTHER'S MAIDEN N		WIDDLE		LAS	74.00		
1100	1	WILLIAM		F.	SMI		MARY	M	ARGARE'	Γ	ROB	BERTSON		
12		VAS DECEASED EVER IN VES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	16b. SOCIAL S	2-5705	LORI WHIT	AKER	ADDRESS SAM	E AS	#13			
vent. t		18 CAUSE OF DEATH PART I. DEATH WAS	CAUSED	one cause pe BY: CAUSE (a)	er line far (0), (b	1 . / /	nonary Arro	1st			BETWEEN	MATE INTERVAL ONSET AND DEATH		
signed by the hen please remi to burial, cremail ijury, ar other traumati	NO		diote the last	(b)	OR AS A CONSE	efish	Caerna Myclor NOT RELATED TO THE TEN	na.	SE OR CONDITI	ON GIVEN	IN PART 10	0		
Hygiene prior 18 shows ony ii	CERTIFICATION	190 DATE OF OPERATIO		196 CONE	DITION FOR WE	IICH OPERATIO	N WAS PERFORMED	20a AU	TOPSY? 20	b. IF YES, VICERTIFY IT	VERE FINDIN NG CAUSES	NGS USED OF DEATH?		
burial-transis Mental Hygis or Item 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	SE OF DEATH			DAY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER		ITEM 18 PART	I OR PART 2)			
ther this both bond W hond M orked or	MEDICAL	214 INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			OF INJURY TREET, FACTORY, OFF	ICE FARM, ETC)	21f LOCATION STREET		CITY OR FOWN		COUNTY	STATE		
ECTOR: A ad for use at of Heals m 21 is mo		27a I certify that (I) (the saw the deceased abave, (I) (we) (did 27b. SIGNATURE				9.87, an	d that in (my) (coo) apinio	7, to	3 - 3	19 and haur o	nd fram the			
RAL DIRE		h	DN	alt				MEDICA DIRECTO	L STAFF		3-3	31-87		
TO FUNERAL IS should be deto with the State [IMPORTANT: If		G. S. R	ATH.	M.D.			CHARLES PE	ROFESS	IONAL.	BUD	WALT	OORF MD		
	23a B	URIAL, CREMATION, RE	MOVAL	236 DATE	Mark Town	36 NAME OF CE	METERY OR CREMATORY	7 23d LOC	ATION IY OR TOWN		OUNTY	STATE		
	24 E1	BURIAL		4-3-8	37	CHRIST	CH. CEMET	ERY W.	AYSIDE	CHAP	RLES	MARYLAND		
H - 16 50M 1/B1 VRA 15, 4)		NAME			ADDRE		AF	ATE REC'D. BY	1987	REGISTRA	R'S SIGNAY	andals.		
	AR	EHART FUN	ERAL	HOME	, INC.,	LA PLA	TA.MD. At	PR 3	1301					

and the state of t erazesi tuakeza

4/9

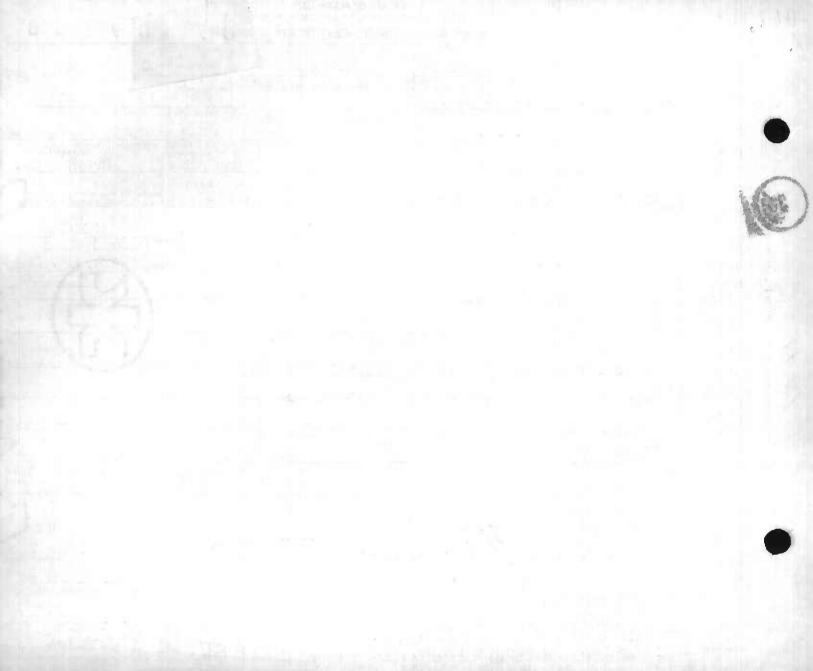
Dander

(VRA 15, 4)

A SEED PLACE TO A TOTAL TO A TOTA

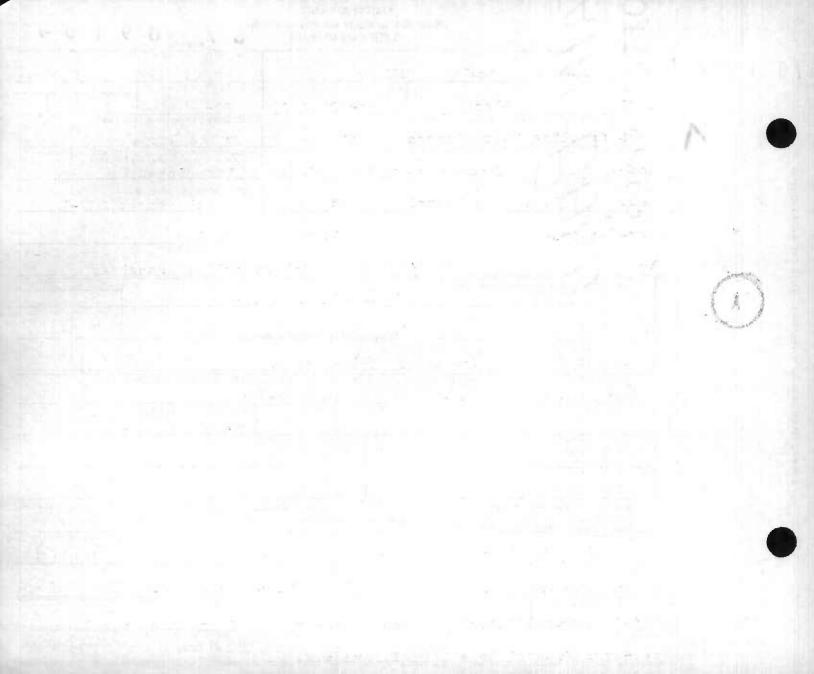
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME OF ESTI-(TYPE OR PRINT) Miller Nolan Perry 1987 4. RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) 10:45 PRONOUNCED Male White 1926 DEAD 15 TE CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. Prince George's County, WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Beltsville 4710 St. Mary's Street Plate Maker Printing Co. 113e STREET ADDRESS 13a STATE P.G. 13d INSIDE CITY LIMITS? Maryland Beltsville NO □ 4710 St. Mary's Street 20705 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Albert Edith Miller Riddle 17 INFORMANT (Sister) 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 50725 Paducah Read Yes-Army Marie C. Coleman W.W.II 219-12-4984 College Park, Md. 20740 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes Mellitus 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a I certify that I took charge of the remains described gbave, held an Autopsy Natural causes XX death resulted tom: Hamicide ___ TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BAULIMORE, MARYL Undetermined manner Assistant 3 - 10 - 87ADDRESS_111 Penn St., Balto., Md. EXAMINER'S NAME Dennis F. Smyth, M.D. 21201 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 03/13/87 Maryland Veterans Cem. Cheltenham Burial 07/84 Francis Casch's Sons Funeral Home, P.A. DHMH - 17 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))

STATE OF MARYLAND



1	STATE REGISTRAR	DEPARTA	WENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 7 _{REG. NO.} 0	9109
	DECEASED NAME FIRST	MIDDLE	LAST		YEAR 26 HOUR
alfall 19 th	YPE OR PRINT) Juanit	a Scales N	Millner	March 7 1987	2:18 pm
3.	SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
s of	Female	Black	August 25,1925	61 YRS	ONTHS DAYS HOURS MIN.
7a.	BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH
12	North Carolin	a UnitedStates	S WIDOWED XX DIVORCED	Prince George	's MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
- To	Lanham	Doctor's Hos	spital of P.G. Co.	Unemployed	INDUSTRI
走一份	DUAL RESIDENCE (IF NURSING HOME OF INTERPRETATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13e.STREET ADDRESS / ZIP CODE	
	MD. P.			807 8th Stree	et 20707
14.	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
	Not- Stated		Mary	F. Scales	inai
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS	same as-13
e a	(YES NO OR UNKNOWN) (IF YES, GI	238-34	-0759 Daphne	y Walker Daug	hter
4, 4	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), an	A 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e ve		TE CAUSE (a)	Cand pulmey as	ue +	30 men
otic		DUE TO, OR AS A CONSEQUE	ENCE OF		10
ana.	Conditions, if any, which gave rise to immediate	(b)	Can ally Discus	<u></u>	10 year
her	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		104
or of		(10) Olivery	of Atheroslopes		100
د کی ع		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART I (o)
<u>s</u>	190 DATE OF OPERATION	n feelent,	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
rujni yna swads 8	THE DATE OF OPERATION	198 CONDITION FOR WHICH	OFERANIOIA WAS FERTORMED	IN CERTIF	YING CAUSES OF DEATH?
of H	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	- L
- 1		HOUR A.M. MONTH DA	AY YEAR	LEG LEWISK MATORE OF MAJORI IN TEM 15 PA	ART I ORPAKI 2)
d or Hem	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 211. LOCATION		
Y N	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
		rtal) attended the deceased from	12/12 19 1/2	3 7	19.86 that (1) (me) last
2			17 , and that in (my) (our) apinian		
e B	22b. SIGNA	at) view the body after death.	DEGREE		224 DATE SIGNED
	Jak (- willen,	MID ATTENDING PHYSICIAN A	MEDICAL STAFF DIRECTOR PHYSICIAN	3987
1	22d. PHYSICIAN S HAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	1 211,0 1
/	Jack Meshe	1 M.D.	5806 Baltim	ore Ave., Hyattsv	rille. Md. 20781
230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	
	(SPECIFY)	all9March 87 E		CITY OR TOWN	COUNTY STATE
	FUNERAL DIRECTOR		Zo. DAT	Eden, North EREC'D. BY REGISTRARIZSD REGISTR MAR 18 198	RAR'S SIGNATUREA
-	Trazier's Fund	aral Home 389	RT AND N L	MAK 1 8 1981	Manderga-Kandalle

STATE OF MARYLAND



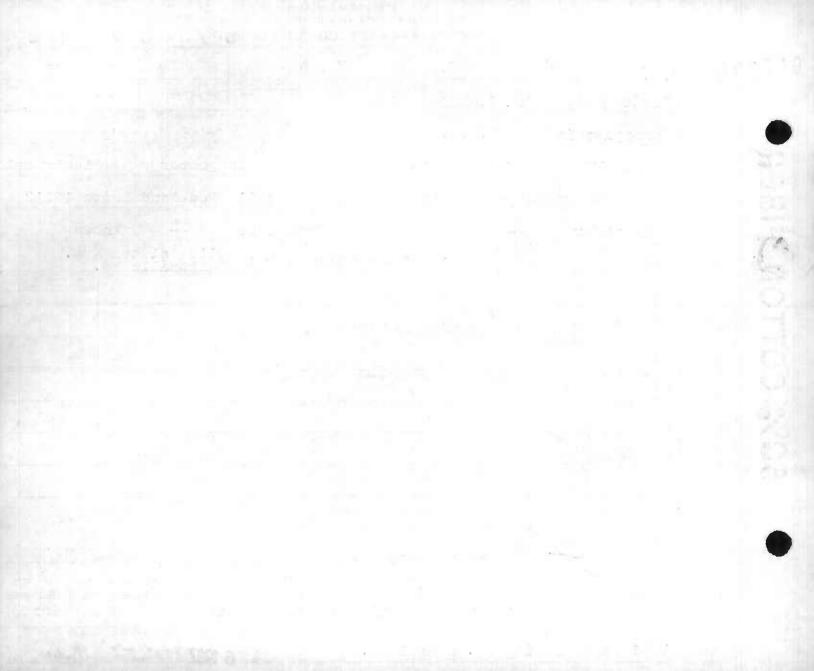
							STATE	OF MARYLAND						
148679 MAR.	39.1	FOR			DEI			EALTH AND ME		ENE	0	9	1	10
A		REGISTRAR					CERTIFI	CATE OF DEA	ATH	0 /	REG. NO.			
		CEASED NAME	FIRST		MIDDLE		LA	AST		20 DATE OF DE	ATH MONTH	DAY	YEAR	2b HOUR
ay be loge 3 death			THEOD	ORE	W	MI	LLS				03	21	87	4:00A M
p b b	3 SE	(4 RACE		5	DATE O	F BIRTH DAY	YEAR	6. AGE IN YEARS	LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
ge 4	Ma	ale	100	Caucas	sian	٨		13, 19		80	Y	RS.		
- 2 E E S		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	MARRIER	NEVER MAR	RRIED 🗆	9 BALTIMORE	CITY OR COL	NTY OF I	DEATH	
Con 72	Vi	rginia		U.S.A.			MIDOWE			PRINCE	GEORG			MD.
المالية المالية	10 C	TY OR TOWN OF DE	TH		HOSPITAL, N			R OTHER INSTITU	ITION .	12a USUAL OCO		NG LIFE)	buth	ENHINESS OR
20 20 20 20 20 20 20 20 20 20 20 20 20 2		CHEVERL	Y					TAL CENT	ER	Bread S				g Co.
212 hour		AL RESIDENCE OF NURS	136 COUN	OTHER INSTITUTION	N. GIVE RESIDENCE	E BEFORE AD	MISSION)	13d. INSIDE CITY	1IMITS?	13e STREET ADD	RESS / ZIP C	ODE		
NN 24	Ma	aryland	P.G		Cotta			3.6		3731 Co			ice 2	20722
12 Jahra 12	14, FA	THER'S NAME		MIDDLE	I.A	AST		15. MOTHER'S M	AIDEN NAA		IDDLE		1.45	1
mpleter, Hed in by oad 2, out the fill		William		D.	M	ills		Ad	a		Α.		Kn	upp
ORE,		VAS DECEASED EVER		MED FORCES?	166 SOCIA			17 INFORMANT		0	ADDRE 373	1 Cot	ttage	Terrace
IIWC	No				577-0	9-168	39	Beatrice	C. M	ills (Wit	fe) Cot	tage	City	, Md.
SALI vol.		18 CAUSE OF DEAT PART I. DE ATH W	H (Enter on	ly ane cause pe	er line far (a),	bi, and in	cu/	n. 1/=	- /	1. 1-			APPROXI BETWEEN	MATE IN 1207, 22
ST.,		PARTI. DE ATH W		E CAUSE (o)	('QIA	10	RU.	Hualo	my o	Mens				
NO DE		- 3 3		DUE TO, O	DRAS A CON	SEOVEN	CE OF	1-1	01	1				
dea dea offer		Conditions, if ony,		(b)_	Hans	10	you	maral	my	nehm	/ M			
the the		cause (a), statin	ig the	DUE TO, C	DR AS A CON	//	GEOF	alvani	0.11	and to	don't	1		
DIVISION OF VIT AL RECORDS, 201 W. PRESTION ING PHYSICIAN. The low requires that the death of ortherding physician. Where this certificate has been signed by the otherdrost the burial-transit permit. Then please remove certificate has been signed by the otherdrost permit. Then please remove certificate has defined by given prior to burial, cremotion, or orked or them 18 shows ony injury, or ather traumatic	16			(c)_	11010	MA	llery	20,000	and	morning	prom 6	rung	٥.	
uires uires uigne en p bur	z	PART 2 OTHER SIGN				YDR			THE TERM	NAL DISEASE O	R CONDITION	GIVEN I	N PART 10	9
ORO reen seen sorte	CERTIFICATION	190 DATE OF OPERA		2001		7		N WAS PERFORM	ED	20a AUTOPS	vo Lank I	E VES \A/E	DE EINIDIN	NGS USED
RECO	5	THE DATE OF OPERA	HON	198 CON	DITION FOR V	WHICH OI	PERATIO	N WAS FERFORM	NED.	100	INC	ERTIFYING		OF DEATH?
The sicror of the hose hose hose hose shows the shown in the hose hose hose hose hose hose hose ho	ERT	21a. ACCIDENT WAS UNE	DERLYING [1 21b TIME	OF INJURY			21c HOW INJUR	RY OCCURR	YES N	OF INJURY IN ITE	YES _	OR PART 21	NO 🗌
OF VI		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	A.M. MONT	H DAY	YEAR			121121111111				
YSIC ding ding s cer ouring Ment	MEDICAL	116 INJURY OCCUR			P.M. E OF INJURY		19	21f LOCATION						
/ISIG	ME	WHILE NOT WE	THE		TREET, FACTORY,	OFFICE, FARA	M, ETC }	STREET		C	ITY OR TOWN		COUNTY	STATE
Olivo or o olith morth		220 I certify that (I)		tal) attended t	he decensed	from U	3-01	-87	10	tn 03-	-21-87	10		that (I) (we) last
TEN TOR. or us of He		saw the decease	ed alive on	_03-20-	-	19 87	, an	d that in (my) (au	r) apinian a	eath occurred a	n the date and	haur and		
R AT hosp hosp ned from 2		above, (I) (we) (c 22b. SIGNATURE	did) (did no	t) view the bad	y after death.	-	[DEGREE AND		,			22c. DATE	SIGNED
the Did He Did He Did He De		(100	do-				ATTE	ENDING	MEDICAL DIRECTOR	STAFF	1		
O HOSPITA etoined by to FUNERal TO FUNERal should be de with the Stot		224 PHYSICIAN'S N	AME TYPE O	R PRINT)				22e ADDRESS	SICIAIN L	A . 1 P A	1		AM	
HOSPIT FUNER FUNER Wild be		<u> </u>	SANL	A				9470	NAME	ADDITH	a N	an H	M-19.	20706.
TO HO reform TO Fill with IMPO	23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NA	ME OF CI	METERY OR CRE	MATORY	23d LOCATIO			I.W.	
BP		Burial		03/2	5/87	Ced	ar H	ill Cemet	terv	Suitlan	id	P.G.	. Ma	ryland
	2 F R	ancis Gas								READ BYREE			SSIGNAT	URE 73
DHMH - 16 60M 7/84 (VRA 15 4)		39 Baltimo								O D THIVI	1901.0	1		- Name

1.05 48 21020 50 The state of the s 1 1 2 5 8 9 1 L

	- 1					STAT	OF MARYLAND				
		1	FOR STATE		DEP	ARTMENT OF H	EALTH AND MENTAL H	TYGIENE	0	0 1 1 1	
17121 1110	1-	0.7	REGISTRAR			CERTIF	ICATE OF DEATH	8 / DEC	S. NO.	7 1 1	
01 1 2 1 MAY	14		CEASED NAME FIRST	-	MIODLE		AST	20. DATE OF DEAT		DAY YEAR 25 HOUR	
\$ 3 e		(TYPE	ORPRINT)	SIE	MONROE	Min	TEAN		3	8 87 93	
page page		3. SE		4 RACE	TONROE	5. DATE C	E RIDTH	6 AGE (IN YEARS LAS		IF UNDER 1 YEAR IF UNDER 2.	4 M
ofte		1	Top and a	, MAGE		MONTH	DAY YEAR		, common y		MIN.
ired oge	21		remare	WHI			- 28-1910		YRS.		
2 2 to 2	h		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OI	F WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CIT	1		
de or de or	_		RYLAND	U. S	OF A	WIDOWE		- HRINCE	GEOF	eges	MD.
ter ter		10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU	JRSING HOME (ROTHER INSTITUTION	120 USUAL OCCUP		12b. KIND OF BUSINES	SOR
S of	0	CI	INTON	SOUTHS	EN MA	RYLANA	HOSPITAL CE	WERHOME	MAKER		
212	71	U5U.	AL RESIDENCE (IF NURSING HOME OR TATE 136, COUN	OTHER INSTITUTIO	N. GIVE RESIDENCE		134 INJOINE CITY I III ITS				
里一	17		10000	LES	BRYAN		YES NO 🔀	P.O.BOX		20616	
she she	FA		THER'S NAME			S RU.	15. MOTHER'S MAIDEN		23.1	20010	
Po	19			MIODLE	LAST		FIRST	MIDDI		LAST	
3 0 3	4	14- 1	WILLIAM C	HILDS	CO	SECURITY NO.	EMMA	JANE	DDFCC	ADAMS	
oges edic	11			E WAR OR DATES	100 SOCIAL	SECURITINO.	17 INFORMANT	AD	DRESS RT	.#1 Box 21	5-D
BALTIMOR sate be executed by spicion and appers. Pages vol.	7		N/A		212-3	0 - 8643	MARTHA K.	HEATH, GO	LDSBO	RO.MD.2163	6
SAL Sice			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse pe	er line for (o), (b	o), and (c).)		,		APPROXIMATE INTERV. BETWEEN ONSET AND DI	EATH
T., I				D BY: E CAUSE (a)_	Broast	Canler 1	ite hetartar	es to chest a	sall, ly	ver that:	
ON S nding carbo carbo			WWWEDIEG		00.46.4.60446			and a	Pound		
STO tend on, on			Conditions, if any, which	DUE 10, C	OR AS A CONS	EQUENCE OF			Searing		
PREST he dea menton r troum			gove rise to immediate	(b)_							
W. th			couse (a), stating the underlying couse last.	DUE TO, (OR AS A CONS	EQUENCE OF					
201 es the pleas pleas viral,				(c)_							
		z	PART 2. OTHER SIGNIFICANT C	ONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR C	ONDITION G	IVEN IN PART 1:01	
or ten	_	0									
RECORDS, fow requires to been signermit. There e prior to be \$100.000 to \$100.	0	CERTIFICATION	19a. DATE OF OPERATION	19b. CONI	DITION FOR W	HICH OPERATIO	WAS PERFORMED	20a. AUTOPSY?		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH	
	1	THE	The real contract of					YES NO		res \ \ \ \ NO \ \	';
VIT. N. I	0	G	21a. ACCIDENT WAS UNDERLYING	timite i	OF INJURY	DAY WEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
NOF SICIA ng ph certifi uriol-tr Nental	9	AL	OR CONTRIBUTING CAUSE OF DEA		а.м. монтн Р.м.	DAY YEAR					
SION PHYSI ending this ce the buri ad Mer		MEDICAL	21d. INJURY OCCURRED		E OF INJURY	- 17	21f. LOCATION				_
		W	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY O	RTOWN	COUNTY STA	ATE
DIVI or off After e os the			AT WORK		1 1 1 1 1	- Ad		86 h	auch	- 77	
S. Hed S.			220. I certify that (I) (this haspit saw the deceased alive an		the deceased to	Om		, 10		. 19 4 7 , that (I) (we	e) last
ATTEN Sspitol ECTOR d for u			obove, (I) (we) (did) (did not	view the bod	ly ofter death.			on death accurred on th	e date and ha	our and from the causes state	ed
OR A DIRECTOR DIRECTOR DIRECTOR DEPT.			22b. SIGNATURE	1 1	7		DEGREE			22c. DATE SIGNED	
AL Geto	. 1		100 10	Lewon!	U		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	SICIAN [7-8-85	
SPIT A by VER be c	71		224 PHYSICIAN'S NAME (TYPE OF	R PRINT)			22e. ADDRESS	The state of the s			
O HOSPITA etained by TO FUNERA should be d with the Sta			tri-40 4 Years	.60.			8926 Wordy	and Rd #20	1 Clivil	on, 48 20735	
TO HOSPITAL retained by th TO FUNERAL should be deta with the State	-	220 5	URIAL, CREMATION, REMOVAL	Tash DATE		22. NAME OF C			· CUNI	10000134	
		230. E	SPECIFY)	23b DATE	0 /07		EMETERY OR CREMATOR	CITY OR TOWI		COUNTY STA	ATE
BP		04	BURIAL	03/1	2/8/	TRINIT				HARLES MD	
DHMH - 16 60M 7/1	B4	Z4 FL	INERAL DIRECTOR		ADOR	ESS		AAD 4 0 4007	AR 25b. REGIS	TRAP'S SIGNATURE	
(VRA 15, 4)		Al	REHART FUNERA	I. HOM	E TNC.	T.A PT.	ATA MD	WAK 12 1981	1000	TO A STATE OF THE	-

A STATE OF THE PARTY OF THE PAR THE SA Real Land State As a SECOND STATE OF THE SECOND STATE AS A SECOND STATE OF THE SECOND STATE OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-Marie Minahan DEATH MATED 3/11 19 87 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE и ноик 6:20 LAST BIRTHDAY) PRONOUNCED Feb. 1, 1922 White 65 10 87 Female DEAD Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Pennsylvania WIDOWED X Prince George's County DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Inspector Beltsville 3115 Fallston Avenue Electrical ISUAL RESIDENCE (IF IN NUNCING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | YES | NO & | 116 Rockland Drive 13212 3a STATE 13c CITY OR TOWN Onondaga Syracuse New York A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EMPST LAST Hoskey Catherine Unknown Alexander 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3115 Falston Ave. 168-12-9666Mary Foret N/A No Beltsville Md. 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) carcinoma of the lung. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IQ None 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [NO X 210. EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. None 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM FTC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK TO AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX, BALTTMORE, MARYLAND, 2 22e. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes death resulted from: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/12/87 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT 236 BURIAL, CREMATION, REMOVAL 235 DATE (SPECIFY) Partial 3/1 23c NAME OF CEMETERY OR CREMATORY Assuption Cemetery 23d LOCATION 3/14/87 Syracuse COUNTNEW YORK 24. FUNERAL DIRECTOR FLECK FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 7601 Sandy Spring Rd. Laurel Md. (VR A15 ME (5)) Troidion.





	1			STATE OF MARYLAND		
148757 MAR	3 1	FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	
	1	REGISTRAR		CERTIFICATE OF DEATH	& REG. NO.	39114
		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR D
moy be poge 3	100	PE OR PRINT) Juli	.a	Moniz	03	25 87 10:45 M
you od	3. 5	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HRS
oge 4	L	Female	Indian	June 23, 1913	73 YF	
2 ho d	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
de de de	1	Massachusetts	United States		PRINCE GEOR	RGES COUNTY MD.
11 0	7.1	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
20 10 10 20		CLINTON	SOUTHERN MAI	RYLAND HOSPITAL	Homemaker	Own home
AD 21				ORE ADMISSION) DWN West 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	99999 02556
A T A		assachusetts Bar	rnstable raimo	uth YES X NO 1	15 North Falmo	outh Highway
AR AR	1	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
1 7 150	4	Vincent	Rose	Amelia	4 D D D D D D D D	Monteiro
NO	2 100		VE WAR OR DATES)		77	Williamsburg Ct.
	2	No	022-18	-9167 Phyllis Lit	tleford, Upper	Marlboro, MD
BAI Special		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	nly one cause per line for (a), (b),	ondic D - DA DA	2.1 the se	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.			TE CAUSE (a) 1 CUTZ	E KESIPERHIL	xcy I'IL WILE	
No the contraction of the contra			DUE TO, OR AS TO USE O	DUENCE OF	D. 0 100	
deo deo otte otte		Conditions, if any, which	(1b) MTKC	DNIC RUNG	NI FULLE	
V. PR		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	241	
tho d by eose iol, o		underlying cause last	1 10 100	onic oron	101117	
Signe signe of bury, of bury, of	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
ORE red		190 DATE OF OPERATION	The companion con unit			
NG PHYSICIAN: The low requirements of tending physician. Ifter this certificate has been signs that the buriol-transit permit. Then the buriol-transit permit. The hatch buriol-transit permit. The hatch buriol-transit permit. The hatch buriol-transit permit is the burion to bride dor them 18 shows any pipur.	CERTIFICATION	176 DATE OF OPERATION	148 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TAL The Sictor of the hast p	E E	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	In HOW MAN OCCU	YES NOX	YES NO
Phys phys phys phys on Hy on Hy		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM	(18 PART (OR PART 2)
Sic	I A	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
PHY endii this he bu	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG NG NG of the orke		AT WORK NOT WHILE				- 07 0
NS OF OF OF SERVICE SE			ital) attended the deceased from		10 MARCH 2), 19 T, that (I) we) lost
CTC CTC of for a for		abave, (1) (y e) (and (did no	t) view the bady after death.	and that in (my (our) apinio	n death occurred on the date and	hour and from the causes stated
OR house house border of them		226. SIGNATORE		DEGREE ATTENDING	Lucas Care	224. DATE SIGNED
Al A		19/1	re del	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0/26/8/
HOSPITAL ned by the FUNERAL sid be det on the State		274 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		
TO FUNER should be with the Str		Terence Ber	tele, M.D.	7501 Surr	atts Rd., Cli	nton, Md.
2 € ± # 3 ₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	3-30-87 S	t. Anthony's Cemet	ery East Falmou	th, Massachusetts
DHMH 16 50M 1/B1	24	FUNERAL DIRECTOR Jenki	ns, Cole, and G	leason F.H. 250 D	ATE REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE
(VR4 15, 4)	4	75 Main St., Fa	lmouth, MA 025	40 MA	R 3 0 1987 Autia	Dendern Renders
						The state of the s



MARSO SET J. T. Englished

Void Death Certificate

#87-9115

Citty Mabelle Moore

July 1986



STATE OF MARYLAND 048756 MAR 1 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR I. DECEASED NAME KNOWN TX MONTH (TYPE OR PRINT) ESTI-19 87 Ruth Adeline DEATH MATED 3/23 Moore 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 24 HOUR 9:55 82 yrs PRONOUNCED Mar. 13, 1905 1087 Female White DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Prince George's County U.S.A. DIVORCED [MASS. WIDOWED X II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 310 Somerset Road Riverdale SECRETARY DEPT. STORE USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 310 Somerset Road Prince George's 13d. INSIDE CITY LIMITS? Maryland IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST FIRST AATOOLE MAILLIEW STRONG **EMMA** BARTELLS 40 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 578-01-5919 TRENE WOMER SAME AS ITEM #13 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Acute myocardial disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSI HEALTH AND MENTAL HY NI, CREMATION, OR REM Conditions, if ony, which chronic myocardial disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None AGRE JEN.

ACATE WRITING.

F FORWARDED TO JEN.

TOR: PAGE 3 SHOULD BE US.

TATE DEPARTMENT OF HEAL.

PRICE PROPERTY. OF JEN. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES None 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held an and in my opinion Natural causes X death resulted from: Accident Suicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 3/23/87 Deputy 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD (TYPE OR PRINT) 234 LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 3-26-1987 CREMATION CHAMBERS CREMATORY RIVERDALE G.C. 07/B4 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** RIVERDALE. Md. 20737 (VR A15 ME (5)) W. W. CHAMBERS CO. Condum

049546

STATE OF MARYLAND

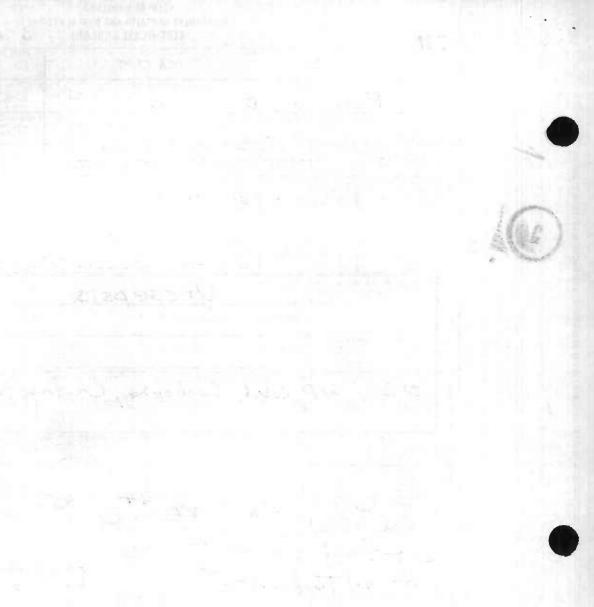
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26	HOUR	

00	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	8 /	0 9 EG. NO.		1	
		CEASED NAME OR PRINT)	MANUEL		MIDDLE	MORA-	CARO	20 DATE OF DEA	03-31-		26. HOUR 9: :45P	24
	3. SEX		emale	1. RACE Hispa	nic 1	Dec.	DAY YEAR	6 AGE (IN YEARS L	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
0	, C	RITHPLACE (STATE OR OUNTRY)		Columb		WIDOWE		PRINCE (GEORGE'S	COUNTY	MI	
4		TY OR TOWN OF DEA	,	PRINCE	GEORGE S	HOSP	ITAL CENTER	12ª USUAL OCCI	MOST OF WORKING LIFE)	126 KIND OF INDUSTRY Homem	f BUSINESS OF Jaker	
76	M	LE RESIDENCE LIF NURS TATE aryland	Montg		Silver Sp	ring	13d. INSIDE CITY LIMITS? YES NO		ress / zip code ren Road		20901	_
50) *	Pedro	۸	MDDLE	Mora		is. Mother's maiden na/ unknown	MID	DDIE	Car	.0	
2		AS DECEASED EVER ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	219-06-4		Emilce E. Roo		address daughter	same	as #13	3
		18. CAUSE OF DEAT PART I. DEATH W		y ane cause per) BY: CAUSE (a)	line far (a), (b), and	101	cepsis.			BETWEEN	MATE INTERVAL ONSET AND DEATH	=
	NO	Conditions, if any gave rise to im-cause (a), stating underlying cause	mediate ng the e last	(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D A . C. C	NCE OF	NOT RELATED TO THE TERM	1	CONDITION GIVEN	IN PART 110	2	=
2	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	TION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED				VERE FINDIN NG CAUSES		
9		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIET MED	CAUSE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE (OF INJURY IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	HILE D	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CIT	YORTOWN	COUNTY	STATE	
		22a.1 certify that (I saw the deceas above (I 22b. SIGN ATTE	Othis haspit ed olive on-	ol) attended the	Signature death		, 19.85 and that in (aur.) apinian of	, ta death accurred an	the date and have a			it .
/		226. PHYSICIAN'S N	AME (TYPE OF	PRINTY	15	- 1	ATTENDING PHYSICIAN 220 ADDRESS 7500	MEDICAL DIRECTOR DP	STAFF PHYSICIAN (2077		_
		URIAL, CREMATION,	REMOVAL	236. DATE	23c N		EMETERY OR CREMATORY	23d LOCATION	WN C	OUNTY	STATE .	=
14	24. FU	WIAL INERAL DIRECTOR		s J. Co	llins Jr	ι.	Α.		r Spring, STRAR 256 REGISTRA			1.
	50	0 Univers.	ity Bl	vd. Wes	t. Silver	L Spr	ing. Md.	11 11	0			136

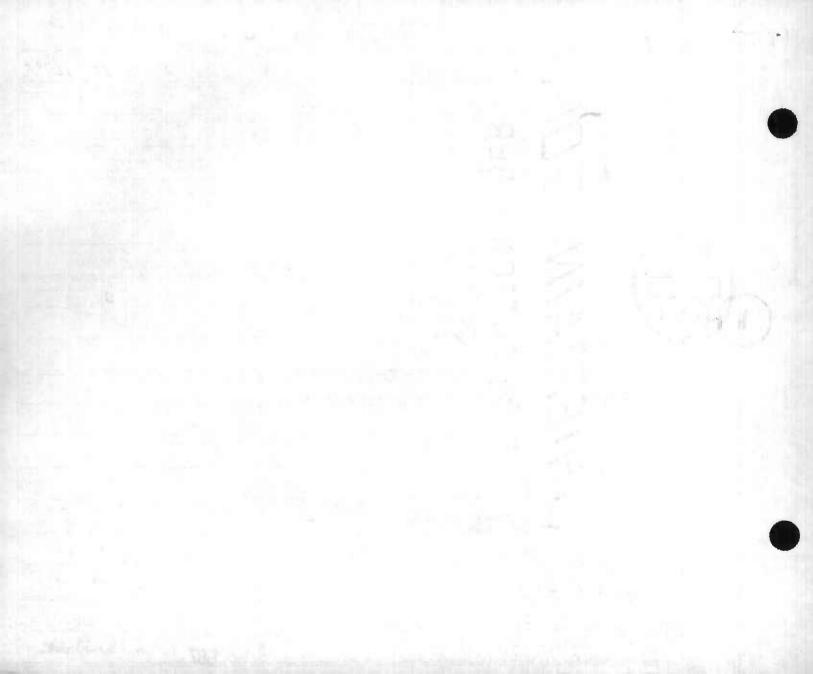
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

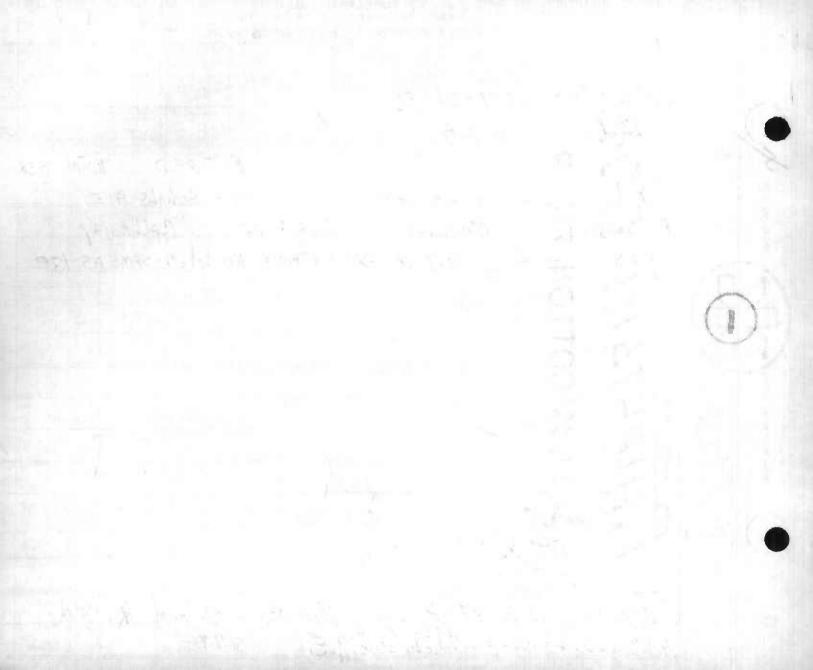


4/10

			STATE OF MARYLAND		1 9
01.705'5	FOR STATE		IT OF HEALTH AND MENTAL HY	GIENE 0 9	1 0
U47 635 Min	REGISTRAR		ERTIFICATE OF DEATH	REG. NO.	
e me	1 DECEASED NAME FIRST (TYPE OF PRINT) Helen Ba	WIDOLE	LAST	to brite or bernit	YEAR 26 HOUR U A
noy be poge 3		rnett Morela			7 8/ 82 M
	3. SEX		DATE OF BIRTH		FUNDER I YEAR IF UNDER 21 HRS
rector urs off	Female		ay 23, 1907	79 YRS.	
oth. Po	North Carolina		MARRIED NEVER MARRIED	Prince George's	OF DEATH
thing de	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	NDOWED X DIVORCED DIVORCED	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the filed w	Greenbelt	Greenbelt Nursing	g Home	Book Keeper	Furniture Manuf
AND 21	Maryland Prin	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMINITY CE Geo. Riverdale	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	6104 63rd Avenu	e 20737
MARYL marking of within the withi	Jack FIRST G.	Barnett	15. MOTHER'S MAIDEN N Emma	Reese	LAST
BAITIMORE, MARYLAND 2120 The be executed within 24 hours sicion and complete. With the pers. Pages and 2 middle filling.	160 WAS DECEASED EVER IN U.S. A NO OR UNKNOWN) (1F YES G	RMED FORCES? 166 SOCIAL SECURIT 239-05-007		Moreland Same	as above
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PITAL OR ATTENDING PHYSICIAN: The low requires that the earth court by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed by the morning redetecthed for use as the burnol-transfer permit. Then please detecthed for use as the burnol-transfer permit. Then please after the Dept. of Health and Mental Hygiene prior to burnol, crement and the please of the morning and the please after the please of the morning permit the please of the	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT Diffus. att 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE AT WORK 27a. I certify that withis hosp saw the deceased alive or above, (I) (wee) (did) (drawn 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA WILLIAM 196 CONDITION FOR WHICH OP 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM (itol) oftended the deceosed from (itol) view the body after death.	THE BUT NOT RELATED TO THE TER WASHINGTON WAS PERFORMED YEAR 19 211 LOCATION STREET DEGREE MD ATTENDING PHYSICIAN 22e ADDRESS	280 AUTOPSY? YES NO SINCERTIFY YES NO SINCERTIFY YES NO SINCERTIFY YES CITY OF TOWN 10 Month 14 Indicate and hour MEDICAL STAFF DIRECTOR PHYSICIAN I	WERE FINDINGS USED YING CAUSES OF DEATH? NO
O HOSi	BYRL O. J			nsbury Rd. Riverda	12, Ma. 20131
BP	230. BURIAL, CREMATION, REMOVA Burial		Lincoln Cemetery	CITY OF LOWIN	ce George's Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	Francis Gasch's	Sons Funeral Home venue Hyattsville,	e, P.A. 250. DA	AR 18 1987 Grant	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 25 HOUR MONTH TYPE OR PRINTI ESTI-DEATH MATED Charles Moulden 2019 87 4 RAC DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH AST BIRTHDAY) PRONOUNCED 3:07P DEAD 20 19 87 TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED Prince George's County. 126 KIND OF BUSINESS HOSPITAL NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 7912 Echols Avenue Glenarden 13d INSIDE CITY DAMITS? 13e STREET ADD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LORRAINE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Body burns and Smoke & soot inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TOMMONTH DAY YEAR UNDERLYING OF DEATH 2+ 3-20- 19 87 Immolated self PM 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY FAR A ETC.) STATE WHILE NOT WHILE Echols Avenue, Glenarden, PG Co home MD TO MEDICAL EXAMINER: THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PATTER DEATH, WITH THE STANTINON DE MARWAND. 220. I certify that I laak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion de X death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Chief 3/21/87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John E Smialek. Penn St. Balto.MD TYPE OR PRINT) ADDRESS BURIAL, CREMATION, REMOVAL 236 DATE STATE 077B4 2564 24 FUNERAL DIRECTOR 250. DATE REC'D' BY POGISTRAR 256 REGISTRAR'S **DHMH - 17** (VR A15 ME (5))



3 7 9 MAR	7	STATE REGISTRAR			DEPARTA	MENT OF H	EOF MARTLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG.	0 9	12	0
		CEASED NAME	FIRST		WIDDLE	L	AST .	20. DATE OF DEATH		DAY YEAR	26 HOUR
death death	(1112	CORPRINT	ANN	R.	ANDALL	MU	LLENIX	MARCH	5	1987	6:35 PM
. 0	3. SE			4. RACE	1	5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
s of o		Female		Whi	te	Feb	4. 1914	73	YRS.	MONTHS DATS	HOURS MIN.
2 ho	70 B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT		
) (d)		ssachuse		U.S.A		WIDOWE	D DIVORCED	Prin	ce Geo	orge's	MD.
filed Williams		ITY OR TOWN OF DE. Lanham		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Doctors Hospital of			Pr. Geo. Co.	The of work for mos	TOF WORKING	LIFE) INDUSTRY	oratin
must be	130.	AL RESIDENCE IF NUR. STATE Tyland	136 COUNTY		130. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRES		DE	20706
nine .		ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	134,40		
15 C		Harry		I.	Randa	11	Christi	ne MIDDLE		Gro	ndin
papers. Pages noval.		WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	012-14-		John C. Mull	950	9ss She brook	ridan	Street 20706
hen please remove carbon paper to buriol, cremation, or removal. ijury, or ather traumatic event, th	NO	Conditions, if any gove rise to improve to improve the course to improve to the course	, which mediate ag the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	Phumor Phumor Nobrelated to the term	inal disease or co		IVEN IN PART 1:c	
ows ony	CERTIFICATION	196 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES ES XI	IGS USED OF DEATH?
Mental Hygiene or Item 18 shaws		21a ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA			Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
orked or	MEDICAL	21d. INJURY OCCUR	ORE C	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ot. of Heal		220.1 certify that (I) saw the decease above, (I) (we) (C 22b. SIGNATURE				_/_	d that in (my) (our) opinion o	2, to 3	date and ho	ur and from the o	
be detoched e State Dept. TANT: If them		22d PHYSICIAN'S N	, CL	1010	4		MA ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [3 (S	1(7)
should be det		R. A	rora,	M.D.			14300 Gallant		Bowie	,Md	
		specific remation,	ion	3-9-8	17 Le	ee's	Crematory	Washin	0 - 0	COUNTY	STATE D. C
6 60M 7/84 15, 4)	24 Ft	NERAL DIRECTOR 1 9013 Anna			anham Fun anham, Mar			1 6 1987		TRAR'S SIGNATI	JRE .

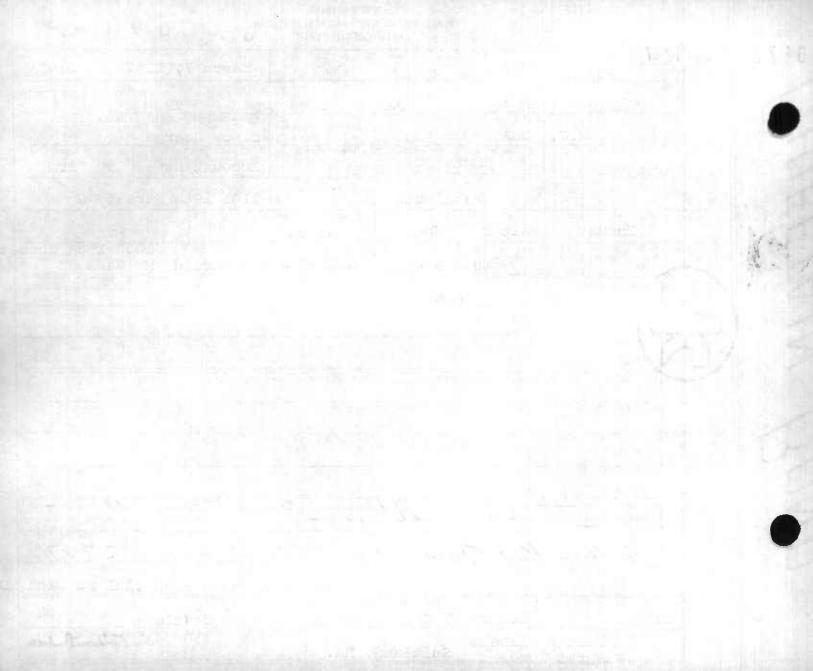
of the state of th

re-cit are made and the truck \$100 co.

	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE / REG. NO. 9	122
4 2 APR -		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
deotle		UDR	DIHY L	NEWMAN	3.2	3.87 1252 1
offer. p	3 SE	Female	Black	5. DATE OF BIRTH MONTH DAY YEAR	MO	UNDER 1 YEAR IF UNDER 24 HRS
direct of	7a. B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	04 24 17	9 BALTIMORE CITY OR COUNTY O	DE DEATH
- 2 2 h	M	aryland	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Paris D	DR BES POUR
nomited	2	CLINTON	SU. MAR.	RSING HOME OR OTHER INSTITUTION REET ADDRESS) 4 (140) 400P	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
should be	130 S	aryland Cha		SVILLE YES X NO	Box # 312	20637
1 ond 2	DW	ordie		oy, Sr Mary	MIDDLE V .	Proctor
ond		VAS DECEASED EVER IN U.S. AI (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL S	ECURITY NO. 17 INFORMANT Hazel Ever	8600 Mike S stz Clinton, Md	. 20/35
on pape son pape event, th			only one couse per line far (a), (b) ED BY: ATE CAUSE (a)	DIO RESPIRA	TORY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e com on er		Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF RY ARTE	RY DISEARE	
by the ot ase remov il, cremotic other troi		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUT OF OF	AFFICIENCY.	
Then ple r to buric injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART I(o)
it permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO
entificate riol-transit ental Hygi tem 18 sh	_	21a. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE		DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
os the but h ond Mustreed or	MEDICAL	21d. INJURY OCCURRED WHILE ON THE NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	CE, FARM, ETC.) 211. LOCATION STREET	CITY OR FOWN	COUNTY STATE
for use of Healt		sow the deceased alive or	n 3 2 2 1	1-0	n death occurred on the date and hour o	nd from the couses stated
AL DIRE		226. SIGNATURE	Panchy	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3,23.87
Should be dwith the Sto		PHYSICIAN'S NAME (TYPE OF	NTANI MD.	22e ADDRESS	RRATTSRD CL	JULON WD
P		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2 28 March 87	Resurrection Ce		nce Geo Md
MH - 16 60M 7/84 (VRA 15, 4)	24 FL	NERAL DIRECTOR	There (Agores		ATE REC'D. BY REGISTRAR 256 REGISTRA	

STATE OF MARYLAND





and the second s and the second s THE COURSE OF STREET STREET Mary 1117 S. Could at I VEW EXM COURSEMENT.

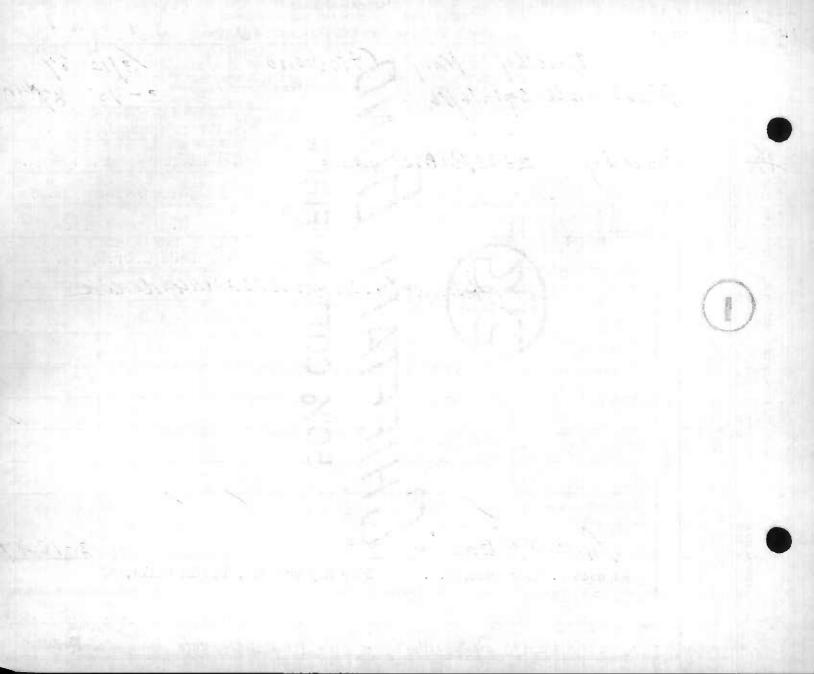
6266 MAR	J	FOR SJATE FEGISTRAR CEASED NAME FIRST	MIDDLE	CERTIF	ICATE OF DEATH	REG. NO.	9 Z 3
by be oge 3 death		JOSEF	PHINE M. C	RLANDO			03 87 5:35A M
ge 4 mp ectar. po rs after o	3 SEX	Female	4. RACE Caucasian	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Por Service Por	_ (RTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRIE WIDOWE	D NEVER MARRIED	PRINCE GEORG	
V 19		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS PRINCE GEORGE'S	TAPPRESSI HOSP I	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker)	126. KIND OF BUSINESS OR
n 24 hounders in hould be	Pe:	nnsylvania Ber		WN	13d. INSIDE CITY LIMITS? YES X NO .	STREET ADDRESS / ZIP COL	reet //19522
ompletely ond 2 s	7	THER'S NAME FIRST Amato	MIDDLE LAST ROSAMI		15. MOTHER'S MAIDEN NAME FIRST FELIC	ia MIDDLE	Casano
be execu	{}	VAS DECEASED EVER IN U.S. AR (IF YES, GP (IF YES, GP	MED FORCES? /E WAR OR DATES) 170-28-		Pellegrino J	ADDRESS Orlando se	ame as 13e
opposition of the control of the con		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), a D BY: TE CAUSE (a)	nd rest	e heart for	utine	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
uires that the death c signed by the attendir ten please remove carb burial, cremation, or ury, or ather traumation	z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTATER SIGNIFICANT (DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	JENCE OF	0	Supara	IVEN IN PART 1(0)
he law requion. has been si there prior to rews any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FYING CAUSES OF DEATH? YES NO NO
SICIAN: T ng physici certificate orial-transi kental Hygi	MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH (DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	
NG PHYSI	MED	21d INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI aspital or CTOR: A for use of for use n 21 is m		saw the deceased alive an abave, (I) (we) (did) (did no	tol) attended the deceased fram 19_ t) view the bady after death.	87, ar		, to	, 19 , that (I) (we) last our and from the causes stated
MAL OR by the hory the hord detached tote Dept		22b. SIGNATURE				MEDICAL STAFF DIRECTOR PHYSICIAN	War 3, 198
TO HOSPITA retained by TO FUNERA should be de with the Stot		22d. PHYSICIAN'S NAME (TYPE C			, , ,	NDOUGR ROAL	n Charly
0 % 0 4 3 3					EMETERY OR CREMATORY	23d LOCATION	

Cancastan Mar. 19: 1906 76 and the set of the statement of the second o Former to Mark Main Washington & All Wash Main Street (1950) 1,70-25-1014 Pallanting J. Driando mand ap 130 Surface and the second contact of the second Therefore the Control of the South of the Control o

4/14

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME 20 DATE KNOWN LIVEE OR PRINTS Dorothe OF ESTI-AGE (IN YEARS IF UNDER 24 HRS DATE 70 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED U.S.A. Prince George's County Connecticut DIVORCED Administrator P.G. 13d INSIDE CITY LIMITS? Cheverly 2303 Bellview Avenue Maryland NO T I FATHER'S NAME IS MOTHER'S MAIDEN NAME D. Frank Graham, Jr. Hazel Ewen 17 INFORMANT (Friend) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1265 Haycock Road, C-1 Eileen A. Stone Falls Church, Va. 22046 578-01-6954 No 18 CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c). Leas the and the was Caused BY.

PART I DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (b) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN 220 I certify that I took charge of the remains described above, held an Autopsy Natural causes Accident Hamicide Undetermined manner Deputy MEDICAL EXAMINER 5009 Rayburn Ct , Temple Hills, MD EXAMINATION P. Rodriguez, 23g BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 03/19/87 Burial Cedar Hill Cemetery Suitland P.G. Maryland 07/B4 Francis Casch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 w Davidson-(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LDECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-105 ep DEATH MATED 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MAY 13,1917 DEAD 69 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH JA BIRTHPLACE CULAR OF MARRIED NEVER MARRIED ROBERDAL COUNTRYS. USA WIDOWED [DIVORCED PRINCE GEORGE OF TOWN OF DEATH II NAME OF HOSPITAL MURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRES PINEY POINT ST. MARY'S LEFATHER'S NAME 15. MOTHER'S MAIDEN NAME PWST ALIDIDAE MIDDLE CHENAULT MARY 0. OUTLAND CLAUDE 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS **BOX 15** S, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATEST YES 577-03-1592 CLAUDE S. OUTLAND NORLINA.N.C. 18 CAUSE OF DEATH (Enter only one couse per line to (a), (b) and F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMITHEALTH AND MENTAL HYGIENE, INCREMATION, OR REMOVAL. andistroscular din PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR WONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAE DISEASE OR CONDITION GIVEN IN PART 1 (4) CATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ARDED TO THE AGE 3 SHOULD BE AGE 3 SHOULD BE AGE 3 SHOULD BE ATE DEPARTMENT 21a EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 muribed obove, held on 22a I certify that I took charge of the remains Autopsy Inspection ond in my opinion death resulted from Suicide /Hamicide Undetermined monner Natural causes Deputy **ACTUAL** SNINATURE EXAMINER'S NAME Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD LAugusto TYPE OR PRINT 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 3/27/87 CHELTENHAM. BURIAL CHELTENHAM V.A.CEM. MD. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE -**DHMH** - 17 Artin Dindon Pan (VR A15 ME (5)) CLARKE MATTINGLEY, LEONARDTOWN, MD



DIVISION OF VITAL RECORDS.

STATE OF MARYLAND STATE

Vivian

TO CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Toland Mamarial

DECEASED NAME

West Virginia

CITY OR TOWN OF DEATH

Lewis

Riverdale

3. SEX Female Clara.

4 RACE

Caucasian

U.S.A.

DEPARTMENT OF HEALTH AND CERTIFICATE OF D

LAST

October 27

MARRIED NEVER

Owens 5 DATE OF BIRTH

WIDOWEDX

MENTAL HYG DEATH	IENE / REG. NO.	9 1	6- 7
	20. DATE OF DEATH MONTH	OAY YEAR	26 HOUR
	03-11-1987		9:25p A
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEA	
1915	71 YRS	MONTHS, DAY	5 HOURS MIN.
MARRIED -	9 BALTIMORE CITY OR COUNT		
VORCED	Prince George	ME	
NOITUTION	12ª USUAL OCCUPATION HOUSEWITE		OF BUSINESS OR

(Unavailable)

MIVELUATE	retain Lemottat			
Maryland P.C.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HYPOTENERS OF THE PROPERTY		ริชิริโกฟาติกิจใส่อีก Street	20782
4		AT A STREET AND THE PARTY AND	115	

Rosa

AD3821 Nicholson Street 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? NOS. NO OR UNKNOWN Sue Stott (Daughter) Hyattsville, Md. 20781 235-56-5503

Alberta

NAME OF HOSPITAL, NURSING HOME OR OTHER INS

18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion, (b), and ic in ion by the couse per line for ion by th	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO Probable Winyocardial infarction	30 min.
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (c) Coronary artery disease	Several year
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	NDITION GIVEN IN PART 110

19a DATE OF OPERATION	HIstory of cere		r accident	20b. IF YES, WERE FIND	NINCS HEED
TYN DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSE	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU	JRY IN HEM 18 PART I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	YINUO COUNTY	STATI
22a.1 certify that (1) (this haspital)	attended the deceased from	19	to	. 19	that (1) (we

sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL

22e ADDRESS

4404 Oueensbury Rd. Riverdale, Md. 20737

PHYSICIAN DIRECTOR

23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL Burial 003/15/87 Woodlawn Cemetery

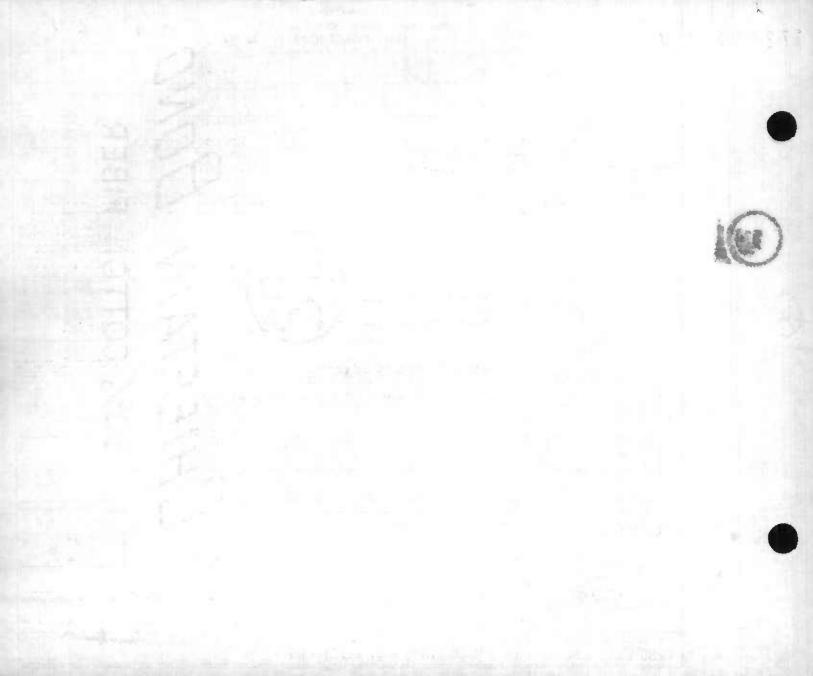
Bluewell Mercer West Virginia MAR 1 6 1980 STRARKA RED ETRAS & Adde

4Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

P

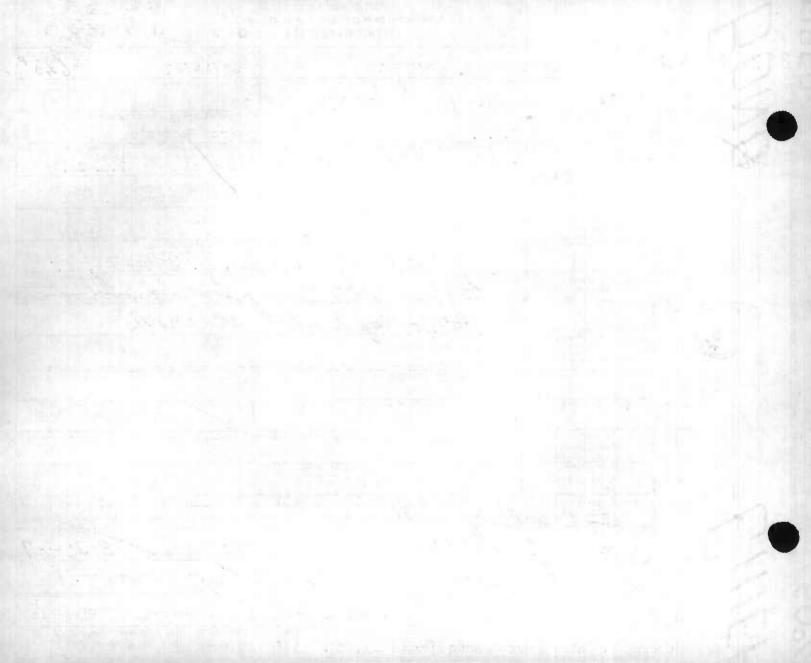


				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE PREG. NO. 9	130
oth oth		CEASED NAME FIRST ROSE	MIDDLE	PACHEO	20. DATE OF DEATH MONTH DATCH 19	7- 87 LILES A
1929 APR -	3 SE	Famule	4 RACE CAUC	5. DATE OF BIRTH MONTH GAY YEAR 1909	6. AGE IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS
rth. Poge	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR U. S. A.	Y? 8 MARRIED NEVER MARRIED	Prince County	
The dec	10 C	TY OR TOWN OF DEATH		1 00	12a USUAL OCCUPATION (INTEREST WORK FOR MORE OF WORKING LIFE)	126. KIND OF BUSINESS OR
24 hours of	USU. 13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEF	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	20810
within 2		THER'S NAME FIRST	MIDOLE LAST	YES NO 15. MÖTHER'S MAIDEN N FRST	MIDDLE	Laurel Md.
and com			E WAR OR DATES)	CURITY NO. 17 INFORMANT	AVA/LA ADDRESS Laur	el, Md.
hysician opers. Paralling the m		NO . 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily ane couse per line far (o), (b),	-9587 Stuart I.	Schwartz. 944	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
th certify		IMMEDIA	DUE TO, OR AS A CONSEC	DUENCE OF		
hot the deo		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEG	ouence of		
equires t n signed Then ple r to burio injury, or	NO		conditions contributing to	Chronic obstructive	P.1	N IN PART 110
he law r on. has bee t permit tene pria	CERTIFICATION	190 DATE OF OPERATION	TO CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED YING CAUSES OF DEATH?
tySiCIAN The ding physicic is certificate buriol-transit mental Hygist		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RTT OR PART 2)
offending offer this of s the bur red of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE NATIWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Af for use a of Health		220.1 certify that (1) this haspi	tol) attended the deceased from 2 / 2 3 19	(3)	n death occurred on the date and have	ond from the couses stated
AL DIRECTOR AL DIRECTOR AL DIRECTOR AL DIRECTOR AL DEPT AL DEP		226. SIGNATURE Man	1 MM	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/19/57
TO HOSPITAL retained by the TO FUNERAL I should be deto with the Stote I MAPORTANT: If		() / /A	PREOLLS	22e. ADDRESS / 4333	Laurel-Doup Pa) Ste 367 70
₽₽ ₽₩ ¾	23o. E	Burial, CREMATION, REMOVAL	236 DATE 24, 19	NAME OF CEMETERY OR CREMATORY 987 Ft. Lincpln	Bladensburg	Rein P. Galate Co
DHMH - 16 60M 7/84	PAF	WETLEY VE TOS	U Takoma^⊕u	nerak Home. 30.0	ATE REC'D, BY REGISTRAR 256, REGISTR	AR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 1. DECEASED NAME MONTH 2h HOUR TYPE OF PRINTS ELSIE PADGETT 03/19/87 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS DAYS HOURS Female Caucasian 02/11/14 **BALTIMORE CITY OR COUNTY OF DEATH** . BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Prince George's Maryland U.S.A. DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Clinton Southern Maryland Hospital Center Principal P.G. Co.Schools USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 20748 Maryland Prince George Camp Springs 7053 Allentown Rd. YES XX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Alonzo Fleek 0ra Dawson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) Sr. Camp Allentown Rd. 213-38-1588 Joyce A. Padgett, 18. CAUSE OF DEATH (Enter only one course per PART L DEATH WAS CAUSED BY MAMEDIATE CAUSE IN Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPS IN CERTIFYING CAUSES OF DEATH? YES TO NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 214 INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 19.87 220.1 certify that the (this hospital) attended the deceased from March 1.8 -March-19 Keose Palive on March 19 19._87 and that in (XV) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 224-DATE SIGNED PHYSICIAN [DIRECTOR PHYSICIAN should be de with the Stor 72* ADDRES Clinton, Md. 23c NAME OF CEMETERY OR CREMATORY THE LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Alexandria Cremation 3/21/87 Metropolitan Crematory 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND



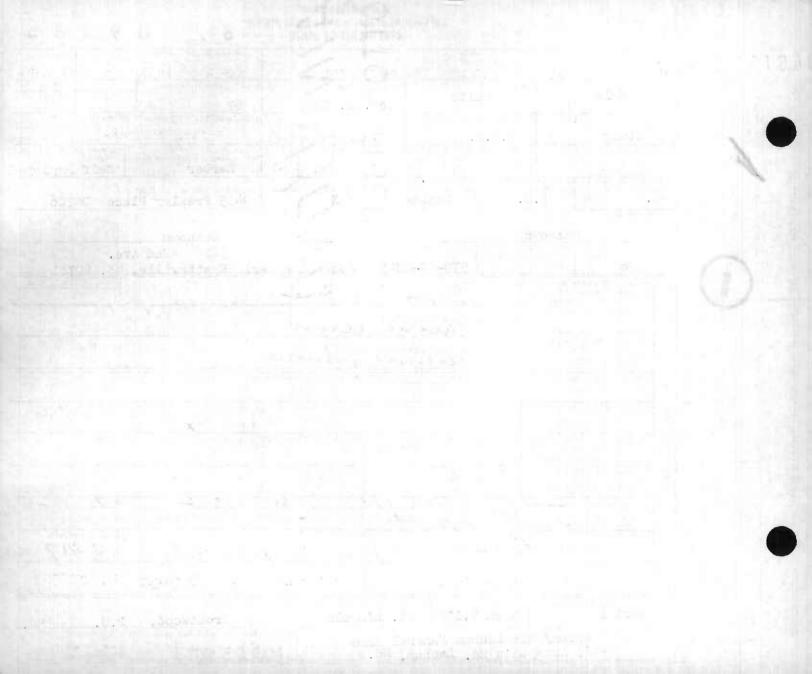
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN DE EDWARD PARRECO (TYPE OR PRINT) DEATH MATED VE CO 4. RACE IF UNDER 24 HRS DATE DATE MONTH DAY LAST RIPTIONAY) PRONOUNCED 22 DEAD 6 1911 75 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED XX DIVORCED Pennsylvania 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Contractor Retired 130. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mochetta James Parreco Anna 17 INFORMANT 78245 Briardale Terr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Rocky. Md. 20855 N/A N/A 579-16-7574 Joseph Parreco -son-18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE E DEPARTMENT OF YES XX XXXX 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2 22a. I certify that I taok charge of the remains described above, held on Autopsy Inspection and in my opinion Notural causes Undetermined manner death resulted fram: Homicide L TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINED S NAME John S. Rogers. CME 1919 Seminary Rd. S.S. Md. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Burial 4-1-1987 Fort Lincoln Cemetery Brentwood Pr. Georges Md. 07/84 11800 N.H. Ave., 25M 24. FUNERAL DIRECTOR **DHMH - 17** Sil. Spr. Md. Hines/Rinaldi Funeral Home (VR A15 ME (5))



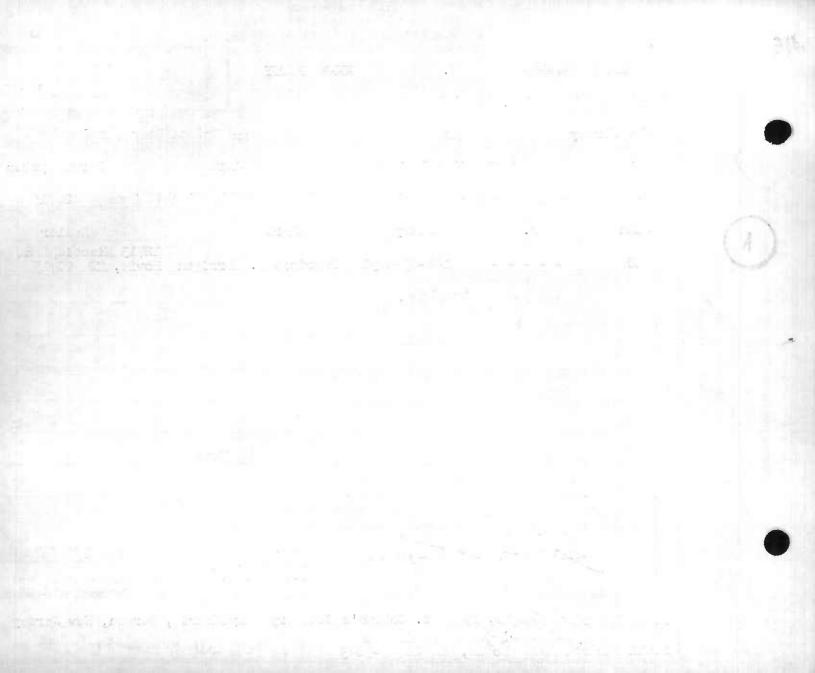
0037 48 11	0	7 500				E OF MARYL						
10032 88 11	1.	FOR STATE REGISTRAR		DEP	CERTII	ICATE OF		IENE 8	REG. NO.	0 9	ì	3 3
		CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR
ay be sage 3 death	1111		CHARD			PATTER	SON			03 23	87	10 26PM
ge 4 ma ectar. pa rs after c	3. SE	^x Male	Cau	Casi	S. DATE OF MONI		1916	6. AGE (IN Y	ARS LAST BIRTHDA	YRS.	DAYS	HOURS MIN.
Pour Pour	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER		9. BALTIMO	RE CITY OR CO		EATH	
nero na 72	M	est Va.	II S	Δ	WIDOW		NORCED	PRINC	E GEORG	E'S		MD
200 al p		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NICHFACILITY, GIVE	URSING HOME (STREET ADDRESS) S HOSP	OR OTHER INS	N TER		FOR MOST OF WO		DUSTRY	BUSINESSOR
in by	USÜ	AL RESIDENCE (IF NURSING HOME				TAL CL	14 16-17	Cab	Drive	r	PV	<u> </u>
24 h	T30	STATE 136 COL	PG	Lando	TOWN	13d INSIDE (NO [0.00	DDRESS / ZIF		crac	e 2078
Vithin 12 sty	14. F	ATHER'S NAME	MIDDLE	LAS	1	15 MOTHER	'S MAIDEN NA	WE OSUI	WIDDIE	- 121	LAST	2070
p 10 000		** · 3 · · · ·	moote				Unkr	Otim	WINDIE		LASI	
d co		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORM	ANT		ADDRESS			
n and c		nle notan	SIVE WAR OR DATES)	2361	88215	680	1 Fore	st Te	Praces	Lando	over	, Md.
cote be execu- ysicion and co pers. Pages al.	_	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe									MATE INTERVAL
			SED BY: ATE CAUSE (a)	card	iores	pirat	-Ory	ark	est		min	1 4 4
he death certif		, and the same of			SEQUENCE OF	1	- 1	14 14				
Geo.		Canditians, if any, which	(th)	status	post	Intr	acrav	wal H	emmort	Station.	60	davs
e e e		gave rise to immediate cause (a), stating the	DUETO	DRAS A CONS	SEQUENCE OF					J		1
by by ose oth		underlying cause last	(c)	N AS A COIV	DE GOETACE OF							
signed her ple o burio	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	G TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN IN	PART 11a	
ING PHYSICIAN: The law requir catendring physician. Uter this certificate has been signs the burlot-transit permit. Then the and Mental Hygiene prior to be acked at Item A8 shaws any injury	ATIC	190 DATE OF OPERATION	19b CONE	OITION FOR W	HICH OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY? [20]	b. IF YES, WER	E FINDIN	GSTISED
nos b nos b ne prime	CERTIFICAT								IN	CERTIFYING	CAUSES	OF DEATH?
ysicia ysicia cate h consit tygie	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY		121c. HOW II	NJURY OCCURE	YES L	URE OF INJURY IN	YES TEM IR PART LOS	R PART 21	NO 🗌
A Philippin		OR CONTRIBUTING CAUSE OF D	CAID		DAY YEAR			(6.116.11.11.11				
YSIC ding s cer s cer s cer ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATI	ON					
VG PHY ottend iter this ss the b h and N	WEI	WHILE NOT WHILE AT WORK	(AT HOME ST	TREET, FACTORY, O	FFICE, FARM, ETC)	STREE			CITY OR TOWN	(OUNTY	STATE
VDIP Use of tealth		22a.1 certify that (I) (this has	pital) attended t	he deceased f	rom	29	19 87	, to	.3/	23 19	87.	hat (I) (we) last
TTE prito prito for of the 21 c		saw the deceased alive a abave, (I) (we) (did) (did)	oat) view the bad	v after death.	19 0 , 0	nd that in (my) (aur) apinion	death accurre	on the date o	and hour and I	from the c	ouses stated
OR A DIRECTOR DIRECTOR DIRECTOR DIRECTOR DEPT.		22b. SIGNATURE	1	pr	2003	DEGREE	174			, 2	20 DATES	IGNED
7 + 7 + + 1			1	DIN	eyan		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	12	3/2	4/87
HOSPITA Onned by FUNERA Ould be d the Sto		RICUSTAGI	1	BITRI	SOAN I	22e ADDRE		17 5 mc		()	12.1	,
TO H	22-	AHCKAIN		Utt B	es iden/	THUS	PITTL		CHROB	KLY,	MI	
20		BURIAL, CREMATION, REMOVA		/87	23c NAME OF C	emetery or ar Hil		23d LOCA	ion Iitlan	d coul	PG	s MD
BP	24 5	UNERAL DIRECTOR	7/1	.707	CCU	Y						
DHMH - 16 60M 7/B4		NAME	7474 -	ADD	RESS		250 DAT	APR BY RE	GISTRAR 256		0-1	
(VRA 15, 4)	L	J.B. JENKINS	/4/4 L	andov	er Rd.		0.1	4 41 11	0 1301	11 mas v.	- Thomas	n. Kandall

49408 APR-		FOR STATE REGISTRAR		DEPARTA	NENT OF HEA	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 7	0 9	1 3	4
noy be poge 3		CEASED NAME John		MIDDLE	Peabo	dy	MARCH	29 198	YEAR 2b	8 P M
moy pod softer d	3. SE	x Male	4 RACE White	e	5. DATE OF NOV	12, 1908	6. AGE (IN YEARS LAST BIR	8 YRS.		JNDER 24 HRS JURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W	RTHPLACE (STATE OR FOREIGN COUNTRY) ashington DC	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	☐ NEVER MARRIED ☐ MONORCED ☐	PRINCE	R COUNTY OF DE		MD.
. 1990		delphi		HOSPITAL, NURS IN CHEACILITY, GIVE STREET, Haven Nu		HOME	124 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF GUIGE	ON F WORKING LIFE) 12b F NO 51	Sustant S	seeing
AND 212	13a :	al residence (if nursing home state 13b co aryland Pi	OR OTHER INSTITUTION	Hyattsv	N 11	34. INSIDE CITY LIMITS?	6526 19t	zip cope h Placé	207	82
MARYLA MARYLA		TONN T W	Pea.	body		Ada Ada	AME	Gra	ham	
BALTIMORE, MARYLAND 2120 the excepted within 24 hour recon and campietely filled in- process. Foger 1 and 2 should be should. It, the medical examinations in the should be shou	160 \	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	577-30-		Martha N	ichols	Same	as #1	L3
requires that the december signed by the transfer or to buriol, creviting the plants or to buriol, creviting by injury, or other against the plants.	MOIL	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 199 DATE OF OPERATION	(c)_ IT CONDITIONS <u>C</u>	OR AS A CONSEQUE	DEATH BUT N		MINAL DISEASE OR CON	DITION GIVEN IN		LISSED
VITAL REC NI: The low ricote hos bu ricots permit Hygiene pri	CERTIFICATION	210 ACCIDENT WAS UNDERLYING					YES NOTE NOTIFIED OF INJURY	IN CERTIFYING	CAUSES OF D	DEATH?
DIVISION OF VITAL RECORDS, ORENDAM The low requirent that this certificate hose signs of the this certificate been signs the buriol-trons. Permit Then the and Mental Hygiene prior to be orked or tem 18 shorts any injur	MEDICAL C	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 2) BINJURY OCCURRED	DEATH HOUR A	A.M. MONTH DA P.M. FOF INJURY TREET, FACTORY, OFFICE F	AY YEAR	III LOCATION	CITY OR TO		OUNTY	STATE
ATTENDING Septiel or off Septiel of the Septiel of the Septiel of Septiel or off		22a I certify that (I) (this has saw the deceased alive	on 21 1/4	he deceased from			2 to 2/fill a death occurred on the death		from the cous	
TO HOSPITAL OR , retoined by the ho TO FUNERAL DIRE should be detocher with the State Dept IMPORTANT. If hen		T. P. Foga		Fogai	1 /	ATTENDING PHYSICIAN 7676, New 1	AMEDICAL STAL	F	30 M	san (7)
TO To Should with the Market M	230.	BURIAL, CREMATION, REMOV			NAME OF CEA	Langley Pa	Iampshire Md 2	1783		NATE
BP DHMH - 16 50M 4/B3 (VRA 15, 4)		Burial UNERAL DIRECTOR NAME ROBERT	E Wilhe	1m ADDRESS		Hill Ceme	tery Suit	land 756 REGISTRAR'S	SIGNATURE	Md
	-	Funeral	HOMO	-		7 110				

		1	FOR				OF MARYLAND					
		1	STATE REGISTRAR		DEPARI		EALTH AND MENTA ICATE OF DEATH		8 / REG. NO	0	9 1	3 5
61	O 2 -MID		CEASED NAME FIRST		WIDDIE	Ł	AST	20	DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
0 1	de d	3 87	Louis		IMI	PERT	CICONE		March 2,	1987		11:00P M
	ge 4 mp	3. SE	Male	4 RACE W.	hite	S. DATE C	DAY YEA		AGE (IN YEARS LAST BIRT	YRS.	ONTHS DAYS	HOURS MIN.
	Pod G	7a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8	NEVER MARRIEL	9	BALTIMORE CITY O		OF DEATH	
	leath in 72		Italy	U.S.	Α.	WIDOWE			Prince	Georg	ge's	MD.
	聖人の	10 0	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	R OTHER INSTITUTIO	(1	B USUAL OCCUPATION		126 KIND O	F BUSINESS OR
201	3 Pa Op		Lanham				of Pr. Ge	eo. Co	o. Barber			Employe
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2.1201	1135	Mo	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY . G.	13c. CITY OR TOV	VN	134 INSIDE CITY LIMI		eSTREET ADDRESS / 9415 Pres]		ace 20	0706
2	1 16/1/4	14. F.	ATHER'S NAME FIRST	WIDDLE	LAST	To the	15. MOTHER'S MAIDE	ENNAME	WIDDLE		LAS	
¥	1 1/60		Unkno				FIRST		Unknov	m		
O. S. E.	21 01		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		5806 DDR	2nd A	ve.	
Ž.	2 60		No		579-03-	6245	Josephine	e Her	l Hyattsy		Md. 20	781
BAL	1 1 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe	r line for (a), (b), a	nd (cu)	V. 7.				BETWEEN C	MATE INTERVAL ONSET AND DEATH
ST.,	1			TE CAUSE (a)	Jaspi	copsi	9 pain	ne				
o o	and			DUE TO, C	OR AS A CONSEQU	IENCE OF	annil	1				
S ES	e de monte de		Canditians, if any, which gave rise to immediate	(b)_	Clarec		Correct					
≥	4 449 9		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEOL		1 Hours	cas				
201	please the		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO		NOT BELATED TO THE	E TEDANINI	AL DISEASE OR CON	DITIONICIVI	NUNL DARY I	
ZDS,	Then the brings	NO.	The contract of the contract o	condinores <u>c</u>	ON TOWN TO GO TO	DEATH BOT	NOT KEENTED TO THE	CICKWIII	AL DISEASE OR CON	JIIION GIVE	N IN PART TO	
Ö	1 11117	FICATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICE	H OPERATIO	WAS PERFORMED		20a AUTOPSY?	20b. IF YES,	WERE FINDIN	4GS USED
ox d	28 201 6	E	Ted Giller						YES NO	YES	ING CAUSES	OF DEATH?
<u> </u>	No. of the state o	CERT	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	110000	OF INJURY	AY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM IS PA	RT 1 OR PART 2)	
Ö	200	13	(IF EITHER NOTIFY MEDICAL EXAMINE	A171	.M.	19						
SIO	THE PART OF THE PA	MEDICAL	214 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
20	NG THE THE	1	AT WORK AT WORK							- 222		
	ON THE STATE OF TH		220.1 certify that (1) (thus hosp saw the deceased alive a	0/3	he deceased fram.	57		50	, ta _ 3 / 2	. 1	987	that (I) (we) last
	ATT OF THE PERSON IN COLUMN IN COLUM		abave, (li (we) (did) (did n	at) view the bady	after death.		d that in (my) (own) ap	pinian dea	th accurred an the da	te and haur		
	Son and a		Barre	Rose	· Gin		DEGREE	ING . A	MEDICAL STAF	F	22c. DATE	SIGNED
	STAN STAN	1	234 PHYSICIAN'S NAME ITHE	TOP COL			PHYSICI 22e ADDRESS	IAN D	PHYSIC PHYSIC	IAN	10/5	/-/
	o HOSPIT channed by to Funds the State for all the State of the State for all the State of the State for all the State of the State for all the State for al	13	Barry Ro	senberg.	M.D.		6501 Lando	over 1	Road, Chev	erly,	Md. 20	785
	5 5 5 4 W	23n	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMAT		234. LOCATION	,		
	BP	1.00	Burial	March		Ft. Li		I JKI	Brentwo	0.4	COUNTY	STATE
		24 F	JNERAL DIRECTRENdon/I					Sa DATE RE	EC'D BY REGISTRAR		P.G.	URE Md.
	DHMH - 16 60M 7/84 (VRA 15, 4)		9013 Anna	apolis R	d. Lanha	m. Md.	me	MAR	0.5 4087	A. L.	Milde	92 1 15
		-			100	44						

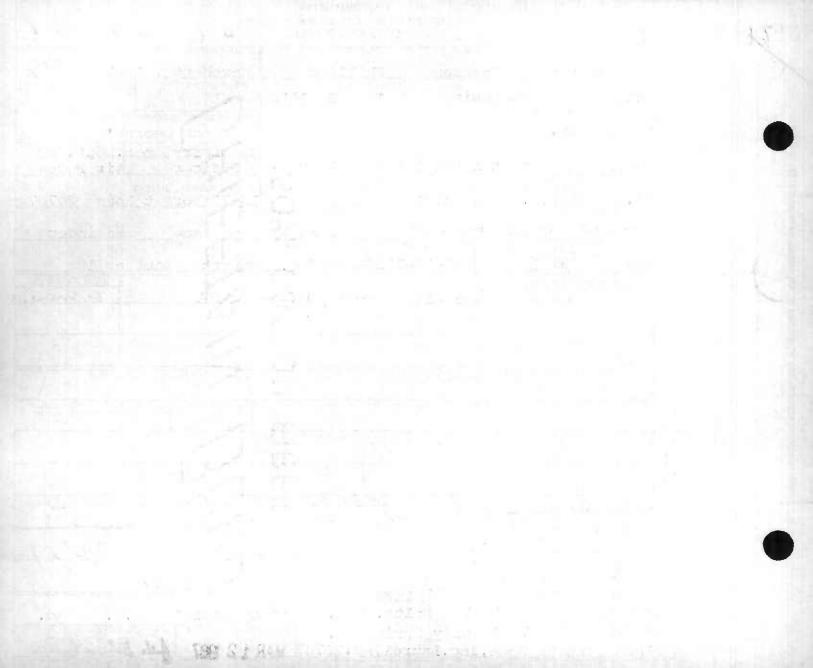


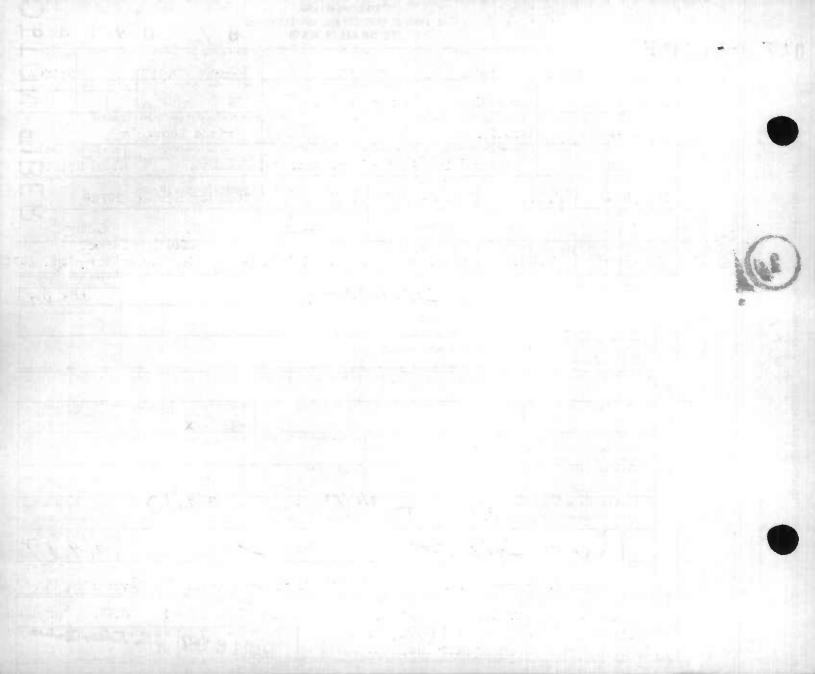
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DEGEASED NAME B DATE KNOWN X 2b. HOUR TYPE OF PRINT OF ESTI-S NECESSARY, PLEASE E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
E), WITHIN 72 HOURS WITHIN 72 HOURS CLARE 1987 Claire 4 RACE & AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED White 11, 1913 73 DEAD 1987 Female Jun. 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Prince George's New Jersey DIVORCED X WIDOWED II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION II CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) 12713 Kincaid Lane Bowie Clerk Parks System USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's 12713 Kincaid Lane Bowie YES X Maryland NO [20715 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE John FIRST Petty Clara Nadler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 2713 Kincaid Lane DIVISIO 144-09-4690 Horrigan Bowie. MD 20715 APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1IEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - IRANIST PERMIT. AFFER DEATH, WITH THE STATE DEPARAMENT OF HEALTH AND MENTAL HYGIENE, DISALT, MITH THE STATE DEPARAMENT OF HEALTH AND MENTAL HYGIENE, DISALT, MOREYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Lymphoma. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] None NO X 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 218 PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/23/87 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT 23d LOCATION St. Joseph's Cemetery Lyndhurst. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR NOO. Annapolis Road **DHMH - 17** Julia Davidson-Randall Beall (VR A15 ME (5)) Bowie, MD



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 2n DATE OF DEATH MONTH LIYPE OR PRINTI Andrew Jackson Phillips March 6th. 987 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR caucasian 1026 male 61 To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Tuffle, Okla. IIS Prince George's WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CHIMIPS INTO DEP IDEBLE BUSINES OR GreaterLaurelBeltsvilleHosp. Laure1 Officer USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Laurel 15872 Dorset Road Md. P.G. 20707 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Washington Phillips Francis Basinger Lula Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWII 555-22-7258 Ronald J. Schwartz ves same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY 10 ma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) H HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN 22e ADDRESS ld b 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY cremation 3/7/87 Balto.Wash.Crematory Laurel Md. 24 FUNERAL DIRECTOR 7601 Sandy Spring Rd. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Fleck Funeral Home, Inc. Laurel, Md. 20707 MAR (VRA 15, 4)

STATE OF MARYLAND





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 28 87 (TYPE OR PRINT) FLORENCE Elizabeth PINKHAM 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 6. AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR July 24, 1895 AR 91 Female Caucasian TO BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY PRINCE GEORGES COUNTY MARRIED NEVER MARRIED U.S.A. Penn. DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE SOUTHERN MARYLAND HOSPITAL INDUSTRY CLINTON MD Homemaker Home 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MARYLAND YES X NO 114 Missi. Avenue S.E. 20032 Washington District of Columbia 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Albertson Elba LaBarre Theodore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 578-05-0316D Donald M. Pinkham Same as 13 A-E 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES] NO 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceosed olive on. _, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated abave, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS id b KOUL MD Burial National Memorial Park Falls Church 04/01/87 24 FUNERAL DIRECTOR Lee Funeral Pone, Inc/ 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VRA 15, 4) 663 Old Alexander Ferry Rd Clinton, Md 20735

STATE OF MARYLAND

The production of the second control of the

046543

STATE OF MARYLAND

ENE	8	1	0
	-	REG. NO.	

1	N-	STATE / REGISTRAR			DEF	AKIM		ICATE O		ITGIENE	8	REG. N	0	9		4	U			
u		EASED NAME	FIRST	A	AIDDLE		1	AST		20. 1	DATE OF	DEATH	MONTH	DAY	YEAR	2b HO	UR			
	1	ESTELLE	-		4		100	1=					3 -	4-	87	5-4	OPM			
1	3 SEX		4 RACE							6. A	GE (IN YE	ARS LAST B	RTHDAY)		ER I YEAR	IF UNDE	R 24 HRS			
	F	'emale		Caucasi	an		June	e 6, DAY	.910 YEAR	7	6		YRS	MONTHS	DAYS	HOURS	MIN.			
×		RTHPLACE (STATE OR FO	REIGN	7b. CITIZEN OF V	WHAT COUN	VTRY?	8 MADDIE	NEVE	R MARRIED !	9. BALTIMORE CITY OR COUNTY OF DEATH										
7		ky Mount N	. C.	TT C 7			WIDOWE	7 34 4	DIVORCED [(1)	RIN	CE	GG	ORC	ES		MD.			
0	0. CI	LINTON	H	11. NAME OF H		STREET A		11	SPITAL	{TYP	USUAL OPE OF WORK	FOR MOST	OF WORKING	LIFE) IN	KIND OF DUSTRY	BUSIN	IESS OR			
	USUA	AL RESIDENCE HE NURSIN		OTHER INSTITUTION.	GIVE RESIDENCE	E BEFORE	ADMISSION)						•		20	711				
	130 S Mar		Anne	Arundel	Lot	niar		YES X	NO [? 13e.5 Wa	STREET A BYSON	DDRESS S N	obile	e Co			286			
9	I I FA	THER'S NAME		MIDDLE	145	S.I	300	IS. MOTHER'S MAIDEN NAME								T2AA				
4	1		Wiley		Wi.	lbur	m	I	Effie			MIDDEL			UNK					
		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL	LSECUR	SECURITY NO. 17. INFORMANT ADDRESS													
		JO	N/	A	577-38	8-35	515	Robert E. Poole Same as 13 A-E												
RETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Course of immediate couse (a), stoling the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Course of the underlying cause lost.																				
	NOIT.	PART 2. OTHER SIGNI				E ×		V	ED TO THE TE											
1	CERTIFICATION	90 DATE OF OPERATE	ON	196. CONDI	TION FOR W	r which operation was performed					200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO						ATH?			
-		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETHER NOTIFY MEDICA	USE OF DEA	in.	M. MONTE	H DA'	DAY YEAR 19								Yā.					
	MEDICAL	21d INJURY OCCURRE		21e PLACE ((AT HOME STR		OF INJURY 211. LOCATION STREET CITY OR TOWN						0wn	0	TT		STATE				
		220.1 certify that (1) to saw the deceased above, (1) we (die	this haspit	view the bady	detaced	from 19	7 or	nd that in (n	y) (our) pini	ion death	to TY	on the	date and h	_, 19		. (we lost			
		22b. SIGN	Ma	rdel	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							2	275 DAJE 519 7							
1		220. PHYSICIAN'S NAM	ME (TYPE O	PRINT) AIDAR	1			22e. ADDF	ESS	who	0	1	d							
	230 B	URIAL, CREMATION, R	EMOVAL	23b. DATE		23c. N	AME OF C	EMETERY C	R CREMATOR	RY 2	3d. LOCA	TION	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NIEW.					
		specify) cemation		03/07/	/87	Lee	e's C	remato	ory				rinc	e Ge	orge	s	id.			
			Tee F	hineral		Tnc							25b. REG							

(VRA 15, 4)6633 Old Alexander Ferry Rd. Clinton, Md 20735

MAR 0 9 1987



Rendon/Hale Lanham Funeral Home

9013 Annapolis Rd, Lanham, Md

Binder Product

DHMH - 16 60M 7/84

(VRA 15, 4)

THE THE PARTY OF

Charles M 245 har second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX L'EVILE OR PRINT Michael Lee DEATH MATED Ramsev 4. RACE 3 SEX DATE OF BIRTH & AGE IN YEARS IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) 9:28 a. M PRONOUNCED 09-20-1951 Male Cauc. DEAD 1987 IN BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Prince George's County, WIDOWED [DIVORCED 18. CITY OR TOWN OF DEATH Riverdale Leland Memorial Hospital Apt. Blda. Maintenance Man 4903 47th Avenue, 20781 Maryland Edmonston 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE Huston Edward Virginia Ramsev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. 213-56-8732 Emma Ramsey, Wife, Same as line 13 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO T 7 In EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 71f. LOCATION NOT WHILE STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN AT WORK 220. I certify that I took charge of the remains rescribed above, held as Inspection Inquiry istant 3 - 3 - 87MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial 03-05-1987 Ft. Lincoln Cemetery Brentwood, P.G., Maryland 25M 24 FUNERAL DIRECTOR Francis Gasch's Sons, P.A. **DHMH - 17** 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5)) Julia Dividon Pandace

THE COMMENTS OF STREET

048991 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-3 DEATH MATED 4 RACE AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 12-15-1911 DEAD 75 YRS IS NECESSA THE FUNERAL DAGE 5 FOR WITH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Prince George Forestville Md WIDOWED _ DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Andrews AFB Malcolm Grow Medical Center & Lumberman employed Farmer 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Pr George Forestville 3501 Maryland Springdale Avenue YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Randall Walter Albert Nora Frye 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) No 578-46-6974 Edythe G Randall Same as 18 CAUSE OF DEATH (Enter only one couse per line for (a). (b), and (c).) RECORDS, 201 W. PRESTON ST., le sucartered plester Condicionoselas TWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO TRAS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURIAL, (HIS GER., £, WRITING I., RWARDED TO TH., PAGE 3 SHOULD BE., TE DEPARTMENT OF PROPERTY TO BUT NO 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY FARM, ETC 1 WHILE AT WORK CITY OR TOWN COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, I PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STYLEMORE, MARYLAND, 21 220 I certify that I taok charge of the remains described obove, held on Autopsy Inspection ond in my opinion Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATU MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY Burial 14Mar1987 Epiphany Epis Church Cemetery Forestville Md 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH** - 17 NAMEROBERT E Wilhelmoress Suitland, Maryland MAR 26 1977 (VR A15 ME (5)) Funeral Home

deller diety Rener Bereit 1168 11-8 sevo com Hope Towns and a second was the former WAR 26 1997 ALL TOUR SERVE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWNXX 7h HOUR (TYPE OR PRINT) OF ESTI-3-29 Roscoe 19 87 Rawl. 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 8:14 DATE YEAR LAST BIRTHDAY) PRONOUNCED Male 1087 Black DEAD July 25.1959 27 YRS D. M BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX South Carolina U.S.A. WIDOWED DIVORCED Prince George's County O CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Cheverly Prince George's General Hospital Comm. Operator U.S.Gov. SUAL RESIDENCE (IF IN NUISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS D.C. Washington none NO L Kennedy 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Roscoe Rawl Sr. Geneva Cheeks 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 579-78-690d Geneva Rawl 3934 N.H. Ave. N.W.D no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DE ATH Multiple Gunshot Wounds (handgun) IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES YOU NO 21g EXTERNAL CAUSE WAS 116. TIME OF INJURY ADDOLOX 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 7: 00 P.M. 3-29 1987 subject was shot 21e PLACE OF INJURY LATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM ETC) WHILE AT WORK AT WORK XX road 5400 blk. Silver Hill Rd Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Hamicide XX Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-30-87 EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION STATE Burial April Harmony Mem. Park Landover 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 1 0 1087 24 FUNERAL DIRECTOR DHMH Hunt Funeral Home 2801 7th St.N.E.D.C (VR A15 ME (5))

STATE OF MARYLAND

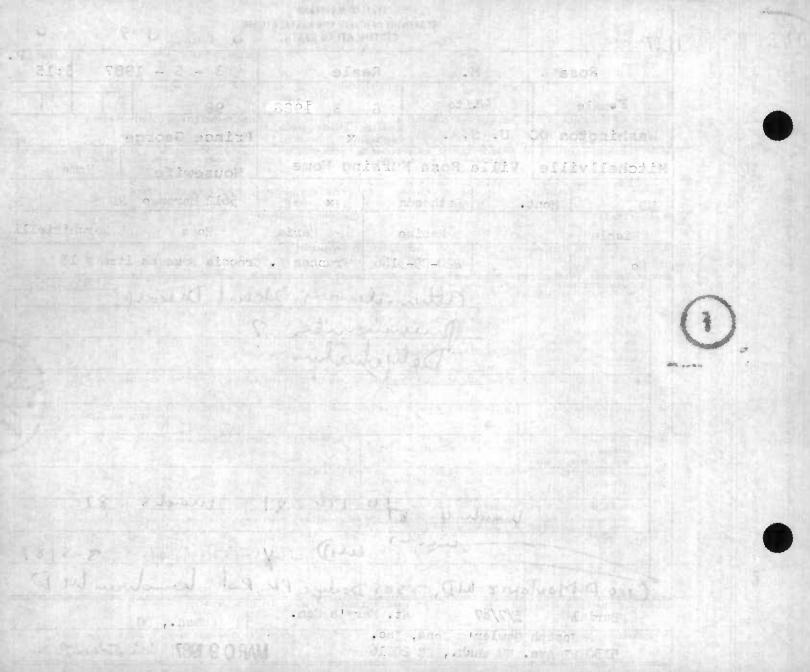
or Owners I'v. Mary pure Amilera d'uni Comm. Coerette: 11.11.11.com 0.0 The state of the s Harman and the second second second second

4/15

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Jane DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 30,1894 92 Oct. O. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Pennsylvania USA Prince George's DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! 6831A Riverdale Road, Riverdale Homemaker SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE (ITYLIMITS? | 13d STREET ADDRESS | Riverdale Road 13b. COUNTY 13c CITY OR TOWN Maryland P.G. Riverdale 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wallace Eleanor Munford Levi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 115 28 4748Eleanor M. Davis-daughter-6813 A Riverdale Road, Riverdale, and water INTERVAL 18. CAUSE OF DEATH (Enter only one cause perfise for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN STATE MHILE NOT WHILE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Hamicide Undetermined manner TIT DESPREEN PAGE 4 SHOUTERAL C TO FUNERAL C AFFER DEATH, MEDICAL EXAMINER 5009 Rayburn Ct , Temple Hills, Augusto ... (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Brentwood, Marylan Fort Lincoln Cemetery Burial March 07/84 25M **DHMH - 17** Home-4001 Benning Road. (VR A15 ME (5)) Stewart Fuheral

49

18 1 String Francis

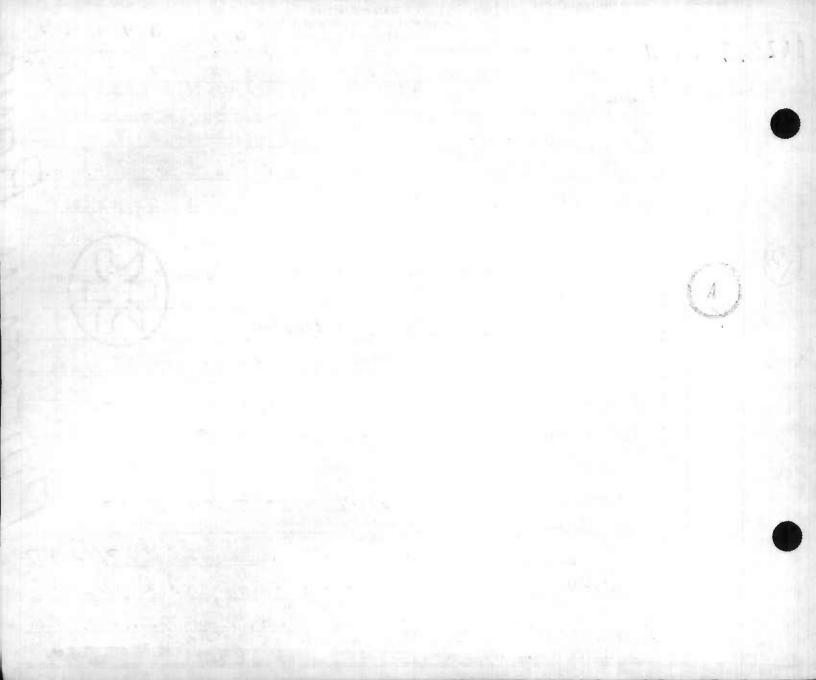


death	E	rnest	Burnne		Ridge		26. DATE OF DE	03-	13-87	320 A M	
ors ofter		Male	Cau	Caucasian		5. DATE OF BIRTH 10-27-1916		LAST BIRTHDAY)		YEAR IF UNDER 4 HRS	
1 29/	M	BIRTHPLACE ISTATE OR FOR COUNTRY) aryland	U.S		MARRIE		PRINCE				
24		HEVERLY		ME OF HOSPITAL, NURS			12a USUAL OCC		GLUFE) INDUS	TRY of Arm	
这	13a M	,	The County of th	S. Lanham		134. INSIDE CITY LIMITS?	5602 Jef	ffrey A	ve. :	20706	
10		Ibert Ridgev	way MIDDLE	[ASI		Susie Vern		IDDLE		LAST	
)/	16a N	WAS DECEASED EVER IN	U.S. ARMED FO LIF YES, GIVE WAR OR			Doris A. Ric		Same	ne as above		
or rest	10	18	MMEDIATE CAUS	E TO, OR AS A CONSEQU	VENCE OF	Opine of us	er.				
or to ben'al, cremation, or ren	TION	Canditions, if ony, we gave rise to immediate to storing underlying couse PART 2 OTHER SIGNIF	which diate the lost. DUI	E TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONTRIBUTING TO	UENCE OF UENCE OF O DEATH BUT	Jalue Ac Not related to the teri	elin et Pop Minar Disease Di	1ating b	elke GIVEN IN PAR	e PT Ito	
grene prior to barral cremation; or rem shows ony injury, at ather transactic ex-	RTIFICATION	Canditions, if ony, we gave rise to immediate couse (a), stating underlying couse PART 2 OTHER SIGNIF	which diate the lost. DUI	ETO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQUENCE TO THE CONSEQUENCE TO THE CONDITION FOR WHICE	UENCE OF UENCE OF O DEATH BUT	Jeal Tofac Jalune, Ac NOT RELATED TO THE TERM N WAS PERFORMED	elión winal disease bi 700 AUTOPSY YES NO	IN CER	YES	NDINGS USED USES OF DEATH?	
them 18 shows	DICAL CERTIFICATION	Canditions, if only, we gave rise to immediate to stating underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL IF EITHER NOTIFY MEDICAL	which diate the lost. DUI FICANT CONDITE ON 19b. REVING 21b. HC	E TO, OR AS A CONSEQUE E TO, OR AS A CONSEQUE (c) CONDITION FOR WHICE TIME OF INJURY OUR A.M. MONTH IN P.M.	UENCE OF UENCE OF DEATH BUT	lalue teri NOT RELATED TO THE TERI N WAS PERFORMED	YES NO	IN CER	YES	ISES OF DEATH?	
7 J	MEDICAL CERTIFICATION	Canditions, if ony, we gave rise to immer couse [a1], storing underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL LIFETIMER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL AT WORK	which diate the lost. FICANT CONDIT! FICANT CONDIT! RIVING 71b. HC USE OF DEATH LEXAMINER) D 71e. 1AT	ETO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONTRIBUTION FOR WHICH CONTRIBUTIO	UENCE OF UENCE OF DEATH BUT H OPERATIO DAY YEAR 19	Jeal Tofac Jalune, Ac NOT RELATED TO THE TERM N WAS PERFORMED	YES NO	IN CER	YES	JSES OF DEATH? NO 172) Y STATE	
or Hem 18	2	Canditions, if only, we gave rise to immediate to immediate to immediate the couse the cous	which diate the lost. FICANT CONDIT! FICANT CONDIT! PON 19b. REVING 1 21b. USE OF DEATH LEXAMINER) D 21e. I AT 1 AE (IVPE OR PRINT)	ETO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONTRIBUTING TO THE CONDITION FOR WHICH COUR A.M. MONTH EP.M. PLACE OF INJURY	DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TERM N WAS PERFORMED 21th HOW INJURY OCCUP 21th LOCATION STREET 19 82 ind that in (my) (our) opinion DEGREE ATTENDING	YES NO	IN CER	COUNT CO	JSES OF DEATH? NO 172) Y STATE T, that (h) (we) lost	

C.C. A.G All Clarks Shown Rules - Earlies

MAR 2 7 987 /44 P

	1,	FOR			DEPARTI		E OF MARYLAND EALTH AND MENTAL HY	GIENE	0	0	4 9
117057 1	10 1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 / RI	G. NO.	, ,	
146006 11		PE OR PRINT)	FIRST		AIDDLE	(AST	20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR 44
oge 3		J	AME	5 Ber	njamin	Ri	LEY	3-12	- 87		SPM
ge 4 mo	3. S	MALE	4	RACE	ITE	S. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY) YRS		HOURS MIN.
nerol dir	< 10-	BIRTHPLACE (STATEORE COUNTRY)	OREIGN 7b.	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED		George		MD.
by the fu	2	CITY OR TOWN OF DEA Riverdale	тн 11	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Memoria	ADDRESS)	pital	12a USUAL OCCI	MOST OF WORKING LIF	EI INDUSTRY	Ter. Co
n 24 hour) 13a	laryland	13P CORNIA	Geo.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hyattsv		134 INSIDECITY LIMITS? YES XX NO []		RESS / ZIP CODE dham St		
1/4	1	ohn	W.	DDLE	Riley		Laura	N		Hoffma	an
DA 28 8	160	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS	Assira.	
1		lo			705-12-4	598	Agatha F. F	liley, Sam	e as Line		
that the death certifically by the ultimiting of the object of the other contractions of the other transfer or other transfer other transfer or other transf	1	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	AS CAUSED I IMMEDIATE (which nediate g the	DUE TO, O	≥AS A CONSEQUE	ency of dia		La de sonza	pathy	at incence	ATE INTERVAL USET AND DEATH
quires signe Then plin to burn njury, o	NO NO	PART 2 OTHER SIGN	IFICANT CO	nditions <u>co</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION LIV	EN IN PART 1:0	
he law re ion. hos beer if permit rene prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIF	, WERE FINDING YING CAUSES C S	
SICIAN: The physicic certificate rial-transit ental Hygici	-1075	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216 TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE (OF INJURY IN ITEM 18 P	ART OR PART 2)	
of PHYS offer this os the burk hand M	MEDICAL	216 INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		(AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CIT	YORTOWN	COUNTY	STATE
ATTENDII aspital ar ECTOR A ed for use of to use m 21 is ma		27s I certify that (I) saw the decease above, (I) [we] (d 27s SIGNATURE	d alive ad_	/	Mer death.		d that in (my) (our) apinio	to 3/	the date and have	and from the co	
by the h ERAL DIR ERAL DIR Store Dep			00	nos	2		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	3/1	2/87
TO HOSPITAL TO FUNERAL should be def	/	ABRA	HAI	72	DAS ELL	7	270 ADDRESS 4404 QU+	ensburg	Rd. K	Everdely	m
		BURIAL, CREMATION, I	REMOVAL	23b DATE			EMETERY OR CREMATORY	CITY OR TO	WN	COUNTY	STATE
BP	E	Burial	1 6 6 1 1 1	3-16-8		orge	Washington (Cem. Adel	phi, P.C	., Mary	'land
DHMH - 16 60M 7/B							DME, P.A 250 DA				

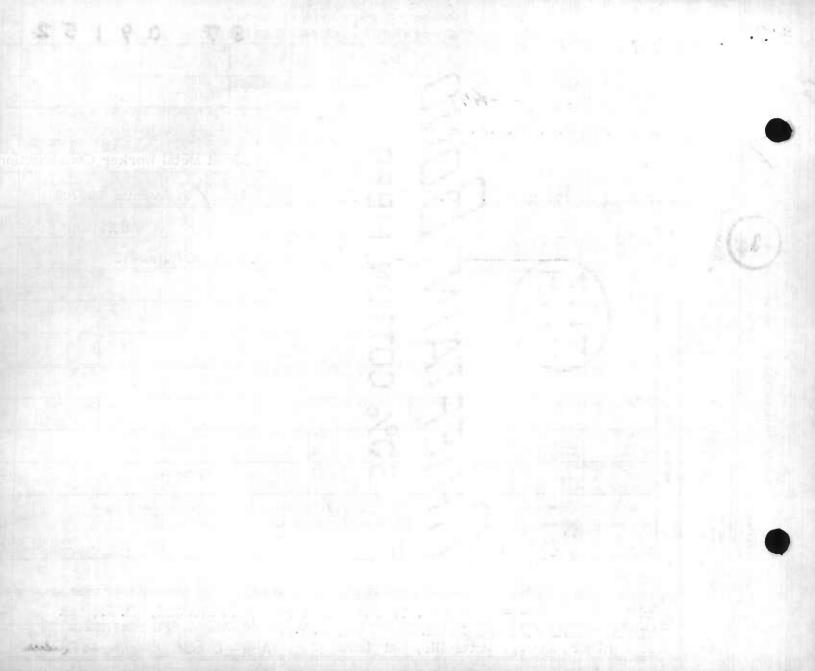


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR . DECEASED NAME 70 DATE KNOWN 2b. HOUR (TYPE OR PRINT) IF ANY DELAY IS NECESSARY, PIEASE AND 3 TO THE FUNERAL DIRECTOR.
RETAIN PAGE 5 FOR YOUR FILES.
SHOUND BEFLIED, WITHIN 72 HOURS.
RECORDS, 201 WI PRESTON STREET, Virginia OF ESTI-4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George Maryland USA WIDOWED K 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Housewife ruccus Own Home 13d INSIDE CITY LIMITS? George Suitland Pr 4707 Huron Avenue Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Barbee Lillian Durnbaugh M Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 1 3227 17 INFORMANT 166. SOCIAL SECURITY NO. Mockinbir (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Thomas W Robertson Lane Bowie, Md. No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per fe far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: selectre carded plas enlor desens Conditions, if ony, which gave rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRITE FORWARDED TO THE CTOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF THE STATE OF THE DEPARTMENT OF THE DEPARTMENT OF THE STATE OF THE ST YES [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 11. LOCATION 714 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME AT WORK AT WORLE STREET, FACTORY FARM, ETC.) STREET CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy death resulted fram Natural causes Accident Hamicide Undetermined monner MEDICAL EXAMINER 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Suitland Cedar Hill Cemetery 30Mar1987 Md PG Burial 07/84 BP. 24 FUNERAL ROBERT E 25M 750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S EIGNA (1987) Wilhelmess **DHMH - 17** Funeral Home Suitland Md (VR ATS ME (51)

Berlin Proposition Services of the State of 51-62-6 2 Williams Entland 4707 floor France Belle B. Berner C. March Comment of the State of the Stat 18-11-8

Styce .as Alburg the The Transfer of the Line of the Control of the Cont (CANADIC DA CENSO) INCAMENTAL CARROLL SERVICE STREET TEXTS SELECTION OF THE PROPERTY OF THE SERVICE OF T

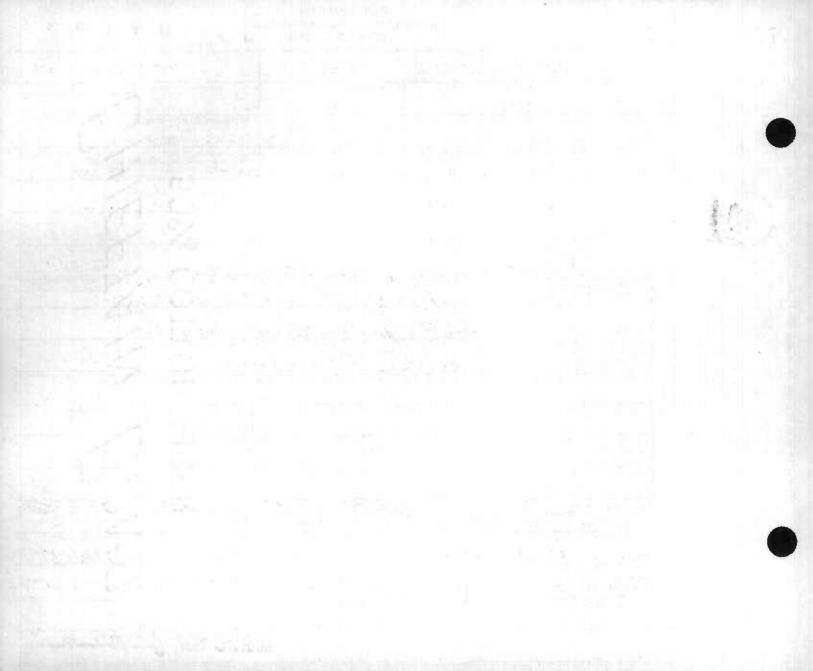
			STATE by Me			4/16/ EPARTI DICALI	87 STATE MENT OF HE EXAMINE	ALTH AND A	MENTAL H	IYGIENE OF DEATH	RECO 0. 9	1 5	2
1	3 3 4 h A		CEASED NAME	FIRST		MIDDLE	- AMILIAE	LAST	CATEC	2a DATE K	NOWN X MONTH	DAY YEAR	26 HOUI
	LEASE TICES. OURS	3. SE	X 4.	JEFF RACE	REY 5. DATE OF BIRTH		AGE (IN YEARS.	POW IF UNDER 1 YR	. IF UNDER		MATED 3-3	0-8719	IR 2d HOU
	DIRECOUR OUR ON ST	Ma	ale C	Cau.	3-30-194	19 YEAR	38 YRS.	MONTHS DAYS	HOURS	MIN PRONOUNCE		0-8719	8:33E
	HELESARY, PLEASE UNEDAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET,	FC	IRTHPLACE (STATE		U.S.A.	AT COUN		MARRIED X N		ED I	RECITY OR COUN		
	22449		ashingtor		11. NAME OF HOSE		RSING HOME, O	ROTHER INSTIT	DIVORC	120. USUAL OCCUPA	George's	1126 KIND OF	BUSINESS
.7	S. 28 FILE		Cheverly			Georg	ge's Co.	Hospita	al	Installer	Sh	eet Met	al Co.
1201	ANY DELAY IS AND 3 TO THE RETAIN PAGE POULD BE FILED RECORDS, 2010	13a. S	AL RESIDENCE (IF)	136 COUNT	ce Geo.	13c. CITY	OR TOWN	Hills YESX	CITY LIMITS?	4929 78th	s Avenue	20784	
90			ATHER'S NAME	1.1111	MIDDLE		LAST		HER'S MAIDE			LAST	
ORE	2017		ronson WAS DECEASED E	VED INITIS ADA	IED FORCES?	F	OW TIAL SECURITY N		ma			hnson	
MO	文章/		ES, NO, OR UNKNOWN		VAR OR DATES)	1	-54-9583			, Same as			
/5	A SOUR		TB CAUSE OF D		y ane cause per line ! BY:			intovi	cation		(BEEN)		ATE INTERVAL
NOTS	A 10kh	13	79.50	IMMEDIAT	E CAUSE (a) AC		ISEOUENCE OF	INCOAL	cation				
PRE	NAR PANS		gave rise	if any, which to immediate	(b)	3				Shrinking			
201 W	EXAMINED V		lying cause	last.	DUE TO, OR	AS A CON	ISEQUENCE OF		1				
ORDS.	PE BAG DICAL PENATI	z	PART 2 OTHER SIGNI	EICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELA	1EO TO THE TERMINAL	OISEASE OR CONOIL	ION GIVEN IN PA	RT 1 (a).			
A REC	THE CONTRACTOR	FICATION	190 DATE OF OI	PERATION	19b. CONDIT	ION FOR	WHICH OPERATI	ON WAS PERFO	DRMED?			20 AUTOPS	Y?
VIIA	350mm=/	E SE	210 EXTERNAL O	^ATTCE \A/AC	21b. TIME OF	IN LILIEN						YES X	NO 🗆
DIVISION OF	GENERALE SHOULD BE THE WORD THE SHOULD BE USED PARTMENT OF HE BIOST TO SHORT OF HE BIOST TO SUBRIAL.	ALCE	UNDERLYING CONTRIBUTING	Mok'rima	ry HOUR A.M.	MONTH	DAY YEAR 30 1987	subject		D JENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR P	ART 2)	
VISIO	CHRTH OF THE PARTY	VED	21d. INJURY OCC	CURRED	21e PLACE O	F INJURY	(AT HOME.	If LOCATION STREET	useu	CITY OR TOWN	N C	DUNTY _	STATE
5	WARE PAGE 2120	-	AT WORK	NOT WHILE	home			5608 Oak	Stree	et, Chever		and	JIAIE
	AND. AND.				e at the remains desc			Autopsy X	Inspection		and in my o	pinian	
	EXAMINER CERTIFICATI JUD BE FOR DIRECTOR WITH THE	18	death resulted	Nature	al causes [],	Accident /	L., Suicid		(SPECIFY)	Undetermined man	ner 🔼 ,		
	SHE WALL		ACTUAL SIGNATURE	Throat	flell	eye	all.	M.DAs	sistar	T MEDICAL EXAMI	NER SIGN	ED 3-31	-87
	MEDICAL ECUTE THE CGF 4 SHOU PENERAL THE DEATH	1	EXAMINER'S NA (TYPE OR PRINT)	ME	Margarit					111 Penn S	Street		
07.6	522552	230.B	URIAL, CREMATIC SPECIFY) Urial		4-3-87		AME OF CEMET			23d LOCATION Brentwe	ood, P.C	Md.	STATE
07/84 25M	BP.5.5 / DHMH - 17	24F	RANCIS	GASCH'	S SONS F	UNE	RAL HO	ME, P./	250 DATE F	REC'D. BY REGISTRAR			
	(VR A15 ME (5))	4	739 Baltii	more Av	e., Hyatt	sville	e, Maryl	and		PR - 6 198		widon-Ras	dass.



		1	_ F	OR .			DEP		E OF MARY	LAND D MENTAL HYG	IENE					
048	354	Ni.	ZR	TATE					ICATE OF		8	REG. NO	0	9	1 5	3
41	E 4		DECE /		FIRST	^	WIDDIE.	0	AST	2-12/11	2a. DATE OF		HTMON	DAY YEA	10000	- 11
oy be	deof			ma	rolyn		ances							228		24 AN
ge 4 mc	I director, page 3 hours after death	/	. SEX	F	4	RACE		S. DATE C		YEAR /S	6 AGE INYE	ARS LAST BIRT	HDAY)	MONTHS D	EAR IF UNI	DER 24 HRS
Po	hon hon	1		PLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8	D NEVE	R MARRIED	9 BALTIMOR	E CITY OF		OF DEATH		
\$	The Table	1	Was	shington		U.S.A		WIDOWE	DX	DIVORCED [PRIN	CE GE	ORGE	S COL	NTY	MD
3	哲学	4	O. CITY	or town of DEA Laurel		(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME C STREET ADDRESS)		ISTITUTION HOSPITAL	12a USUAL O	OR MOST OF	WORKING LI	FE) INDUST	D OF BUSI RY 1 Es	
1	2 2	N	JSUAL I	RESIDENCE (IF NURS			GIVE RESIDENCE	BEFORE ADMISSION	796						1 11	- Ca C
24	The state of	5		ld.	A. A		Gamk	rills	YES	CITY LIMITS?	2022	Thre	Sam	Ct.	210	54
rithir.	2 se	0		ER'S NAME	MIC	DDIE	IAS	1	15 MOTHE	R'S MAIDEN NAM	ΛE	MIDDLE				
ted \	Land	74		Thomas	1110		- 4710	ooke	1	Vora		WIDDIE		1	Jnko	wn
xeco	_ 5	1	YES.	DECEASED EVER	IN U.S. ARME			SECURITY NO.	17. INFORA		V	ADDRE:		1 10		
be	s. Poge			no			579-0	07-1595	Ken l	Rueh1	same a	as a	bove			-1-1
1	III.		18	PART I. DEATH W	H (Enter only)	one couse per BY:	line for (o), ()	ol, and ici.i						BETW	ROXIMATE IN EN ONSET A	ND DE ATH
	11				IMMEDIATE		(h	1-20 PM	1gus					3	m	2.
- 5						DUE TO, OF	R AS A CONS	EQUENCE OF						1300		
. e	rhe o remo emot		6	onditions, if ony, ove rise to imn ouse (o), statin	nediote	(b)										
hot	by see			nderlying couse		DUE TO, OF	R AS A CONS	EOUENCE OF								
res t	gned in plec buriol		P	ART 2. OTHER SIGN	VIFICANT CO	NDITIONS CC	ONTRIBUTING	TO DEATH BUT	NOT RELAT	ED TO THE TERMI	IN AL DISEASE	OR COND	ITION GIV	EN IN PAR	1(a	
nd n	The to					Dia	befes									
low .	permit. T	1	CERTIFICATION 12	DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERI	FORMED	20a AUTOP	SY?	20b. IF YE	S, WERE FIN	DINGS US	SED ATH?
The	nsit per giene			a. ACCIDENT WAS UND	ERLYING 🗆	21b, TIME O	E IN HIDV		131c HOW	INTURY OCCURE		NO []	YE	S 🗍	NO	
CIAN	certificate h urial-transit Aental Hygier	-6		CONTRIBUTING [AUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	ZIL. HOW	INJURY OCCURR	ED (ENTER NATU	RE OF INJUR	I BI MATI NI	PART I OR PART	2)	
4YSIC ding	buriol-t buriol-t I Mentol or Item			IF EITHER, NOTIFY MEDIC		P./ 21e. PLACE (OF INJURY	19	211 LOCA	TION						
of P	After the os the olth ond morked			WORK NOT WH	ILE	(AT HOME, STR	EET, FACTORY, OI	FFICE, FARM, ETC.)	STRE	EET		CITY OR TOW	in .	COUNTY		STATE
200	R. Africa		22	I certify that (I)) ottended the	e deceased f	rom		19	to			19	, that (I)	(we) lost
ATTE	CTO for of H			sow the decease	ed olive on_	riew the body	after death.	19, or	id that in (m	y) (our) opinion d	leath occurred	on the do	e and hou	r and from	the causes	stoted
e ho	DIREC oched Dept. If Hem		22	SIGNATURE .	01	111	11.	mi	DEGREE	ATTENDING	MEDICAL	STAF	/	22c D	ATE SIGNE	D
TAL pit At	351 K-	1	44	PHYSICIANISM	ME ITIPE CHE	que	Jen .	////	122e. ADDR	PHYSICIAN	MEDICAL DIRECTOR			5/	22/	37
O HOSP etoined	TO FUNERAL should be det with the State IMPORTANT.	/	(Dadi	e1 L	1 mu	e'ler		Grea,	ter cans	N Be	HSVI	110	Hosp	,	
BP		2	3a. BUR (SPE	IAL, CREMATION, FY) Crema		3/23/	/87	Balto.		Crematory Cremat	23d. LOCAT		1	P°G'.		Mď.
DHME	I - 16 60M 7/84	4 2	4. FUNE	RAL DIRECTOR		76	501 S	andy Sp	ring	RoadDATE	REC'D. BY RE	GISTRAR 2	A. REGISH	RAR'S SIGN	MATUREN	M.
	VRA 15, 4)		F1		eral 1	Home.	Inc.	Laurel	Md.2	0707 MAI	R23 K	187	U	The say	, , , , , ,	

the state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7-7STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 70. DATE OF DEATH MONTH 7h HOUR LITYPE OR PRINTS ALFREDO BAUTISTA SABINO MAR 17,1987 5:36 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MPS MONTH DAY YEAR Filipino 25 02 Male TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED **IISA** hilippine Island DIVORCED X Prince Georges WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Andrews AFB MALCOLM GROW MEDICAL CENTER US Navv retired USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 113h COUNTY 136. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 6906 Loch Raven Rd. 20748 Maryland George Temple Hills YES [X] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sabino Unknown Remigia Bautista 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sandra Chinn 9811 Churchill Dr. Upper Marlboro WWII. Korea 577-48-5622 CARDITAC ARREST GIRCULATION COLADSI 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YESXX NO YES XIX 710 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (I this happital) attended the deceased from and that in (my (our opinion death occurred on the date and hour and from the causes stated above the body ofter death 226. SIGNATUR DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN uld be 22e ADDRESS MALCOLM GROW MEDICAL CTR AAFB, MD. 20331-0 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) COUNTY STATE Burial 3/20/87 Arlington Nat. Cemetery Arlington 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.



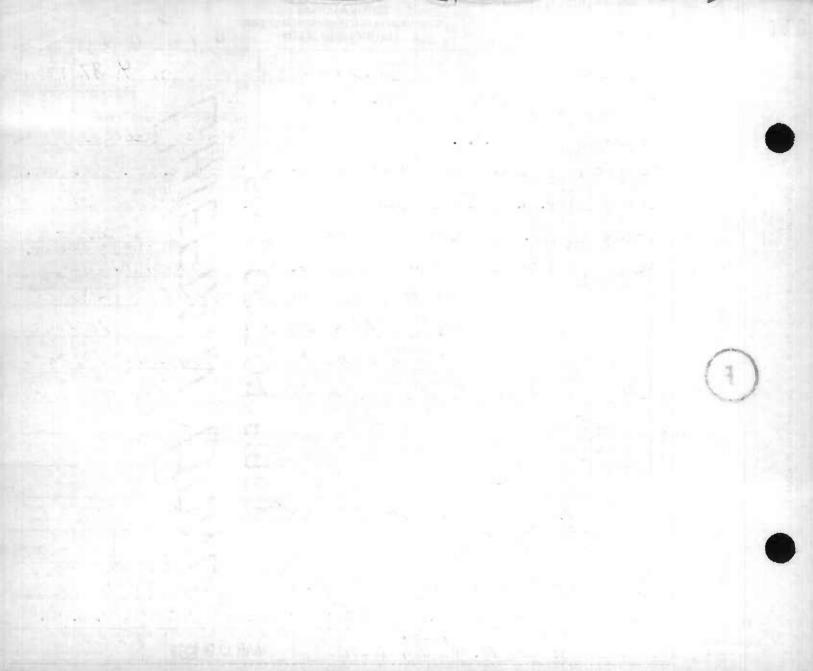
DHMH-16 60M 7/84 PUNERAL DIRECTOR Lee Funeral Home, Inc.
NAME
(VRA 15, 4) 6633 Old Alexander Ferry Rd. Clinton, Md 20735

03/06/87

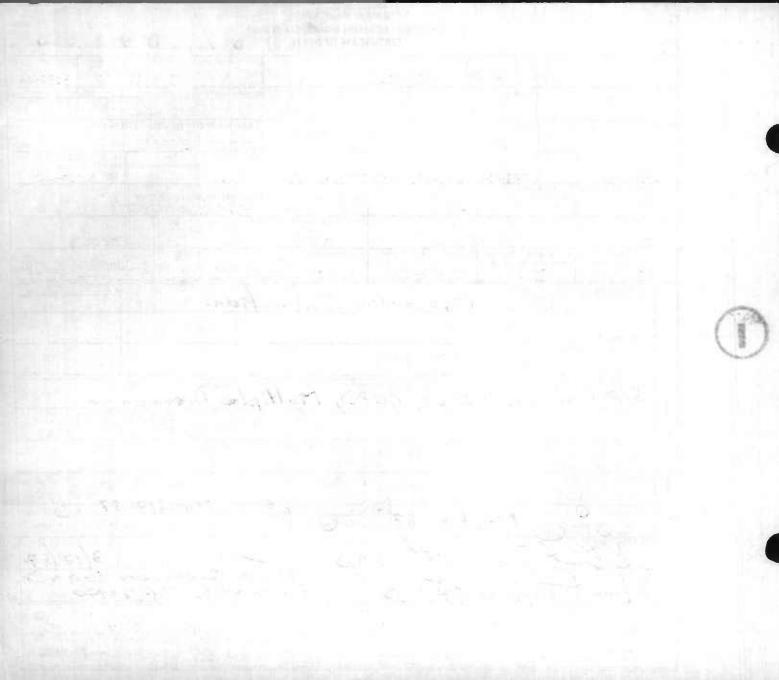
Buri'al

MAR O Q 1007

Maryland Veterans Cemetery "Cheltenham" P. G. Md. Md. T.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST L DECEASED NAME FIRST 2a DATE OF DEATH 2h HOUR 87 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY US Treasury 13e STREET ADDRESS / ZIP CODE 600 Largo Rd/20772 Barrett Sunderland, MD Renee M. Smith RR# 1 Bx 34A PAROZMATE INTERVAL BETWEEN ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my (our) apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED PHYSICIAN TORECTOR PHYSICIAN Burial 3 - 19 - 87All Saints Episcopal Sunderland Calvert 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 ADDRESS. RAUSCH FH Owings, MD (VRA 15. 4) 20736



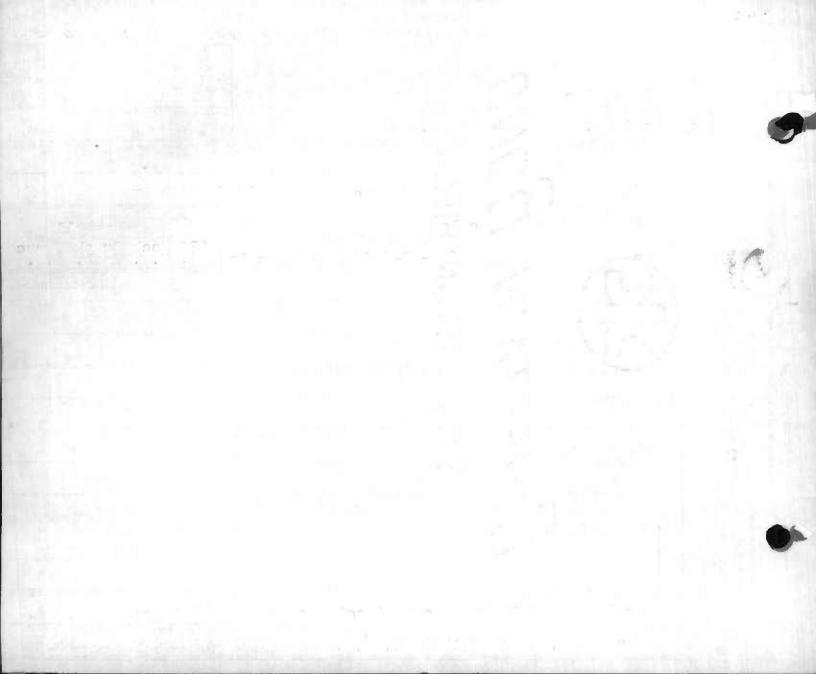
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 26. DATE OF DEATH MONTH LAST 2b. HOUR DECEASED NAME TYPE OR PRINTS U1a G. February 28, 1987 9:15PM Sandridge 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX White 1920 10 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE ASSATE OR FOREIGN MARRIED NEVER MARRIED West Virginia USA Prince George's WIDOWED DIVORCED 12b. KIND OF BUSINESS OR O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kaurel. technician electronics co Greater Laurel Beltsville Hospital Prince George Laurel 13e.STREET ADDRESS / ZIP CODE 6000 Maple Terrace 20707 Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Basil Lee Furr Plaugher Fay 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO YES, NO OR UNKNOWN) 219 16 8413 Grace Whiting 825 Glen Ct. Jessup. Md B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ARDIORESPIRATORY IMMEDIATE CAUSE (a) METASTATIC DISEASE IN ABDOMENZ CHEST Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF RIGHT OUARY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO I 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MUD 22d. PHYSICIAN'S NAME 22e ADDRESS 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION Burral March 3,1987 Savage Cemetery Savage, Maryland 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Donaldson Funeral Home, Laurel, Md (VRA 15, 4)

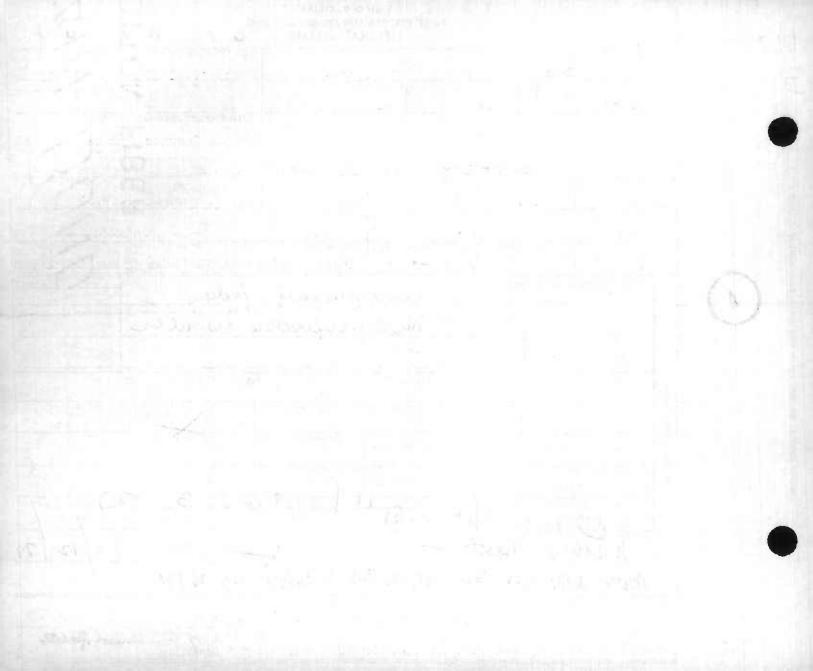


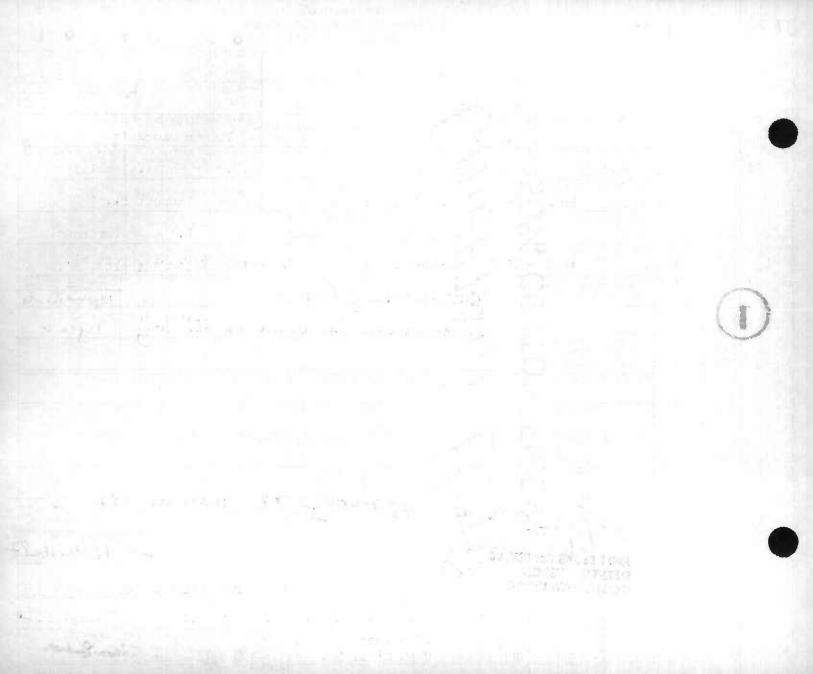
STATE OF MARYLAND 7382 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20. DATE OF DEATH MONTH DECEASED NAME MIDDLE (TYPE OR PRINT) SCAGGS 1. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 92 MALE WHITE O. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCEGEORGE'S WIDOWED Arkansas 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Road Maint, Worker State of Mo CHEVEDLY USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO Q YES [3702 6th Avenue. 61244 Illinois Rock Island East Moline ATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Unavailable Unavailable 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) Rose Ader (daughter) 3702 6th Ave. 500 34 1582 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 98 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORME 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T YES [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY ON TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ALC: NOTE: 22s I certify that (I) (this hospital) attended the deceased from and that in (my) (d c) opinion death occurred on the date and hour and from the causes stated 22k SIGNATURE DEGREE TW. DIATE SIGNED AFTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRIN 22e ADDRESS STEWOOD PETE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Silvis, COUNTY Illinois March 16 1987 Greenview Mem'l Park 250 DATE REC'D. BY REGISTRAR 210. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16.60M 7/84 Ives-Pearson F. H. Arlington, Va. 22201 (VRA 15. 4)

Committee of the Commit (Dut=)

STATE OF MARYLAND O L 7 9 2 MAR 22 FORY DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN OF ESTI-REGISTRAR 1 DECEASED NAME (TYPE OR PRINT) 19 87 3 - 16HOURS STREET, Larry Allan Scales 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c DATE PRONOUNCED Black Jan 7:46 Male 3-16 TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED West Va. U. S. A. Prince George's County MD WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Cheverly 130 STATE Md. Colmar Manor 13d. INSIDE CITY LIMITS? 3405 ADD 450th Ave 0/22 YESK 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert Scales Maybell 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Creek Church Wash. D.C. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577-62-5056 Wanda Scales Rd. N.W. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 710 EXTERNAL CAUSE WAS 216. TIME OF INHURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 7:05 M 3-16 19 87 UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 19 87 Driver of Accident that lost control 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK AT WORK Kenilworth Ave at 52nd Prince George's MD LX 220. I certify that book charge of the remains described above, held an Autopsy Inspection and in my opinion Natural couses Hamicide Undetermined manner ACTUAL Assistant __MEDICAL EXAMINER DATE 3-17-87 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, ADDRESS 111 Penn St., Balto, MD 21201 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Bural 3/21/87 Fort Lincoln Cemetery Brentwood 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Wash. D.C. **DHMH - 17** Hoffman , F.H 3605 14th St. N.W. (VR A15 ME (5))





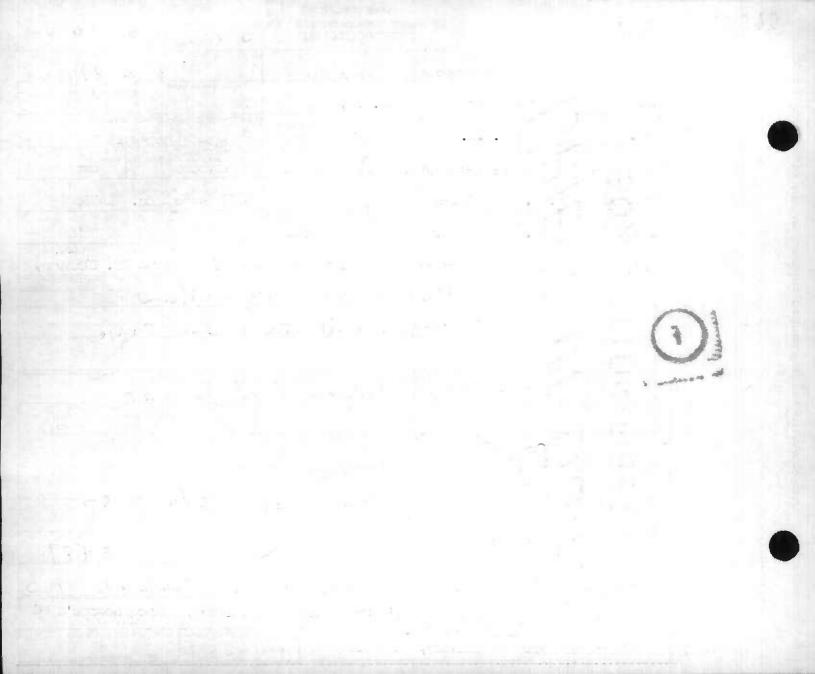


TIMORE, MARYLAND 21201	be executed within 24 hours ofter death, rage 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OX ATTENDING PHYSICIAN. The low requires that the death contribute he executed within 24 hours ofter death. Page 4 may be used by the hospital or attending physician.
	SPITAL OK ATTEN
	HO

, 103 APR	-0	FOR STATE CREGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	8 / REG		9 1	6 2
may be page 3 ter death				BETH RACE	Reb	CCA.	SHANK FBIRTH	3-30-	- 87	F UNDER 1 YEAR	26 HOUR 230 PM IF UNDER 24 HRS
ol director		FEMAL RTHPLACE (STATE ORFO	E DREIGN 76	- 0	ITE WHAT COUNTRY?	8 MARRIEI	13 OH NEVER MARRIED X	83			HOURS MIN.
by the funer filed with a	10/5	est Virginia ITY OR TOWN OF DEAT Verdale	TH 11	(IF NOT IN SUC	H FACILITY GIVE STREET	WIDOWE G HOME C	DIVORCED DIVORCED	Prince G 126 USUAL OCCUPATIVE OF WORK FOR MORE Retried S	ATION	126 KIND OF	MD. FBUSINESS OR Govt.
hin 24 hou sely like	13a S	AL RESIDENCE (IF NURSING TATE AT ATTEMPT ATTEM	136 COUNTY		GIVE RESIDENCE BEFORE	Y) I	134 INSIDE CITY LIMITS? YES NO		S/ZIP CODE RINCET	on Av	E 2014
and the season of the season o		James	'n	Velson	Shank		Lillie	Myrt		West	-
Poges	No No	VAS DECEASED EVER II	N U.S. ARME (IF YES, GIVE V		166. SOCIAL SECU 219-36-86		17 INFORMANT David Shank	(Nephew)	7508 Pr College	incetor Park,	Avenue Md.2074
ow requires that the death been signed by the art mit. Then please removes an prior to buriof, cre-motion they injury, or other traumatic ex	ATION	Conditions, if any, gove rise to imm. cause (a), stating underlying cause	ediate 1 the lost IFICANT CO	DUE TO, OF Ib) DUE TO, OF (c) NDITIONS CC		NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CO		DLA	
YSICIAN. The la Jing physician. s certificate has burial-transit per Mental Hygiene p	AL CERTIFICATION	2)a. ACCIDENT WAS UNDE OR CONTRIBUTING	AUSE OF DEATH	216 TIME OF	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO	YES		OF DEATH?
NG PHYSh attending fier this ce os the buri th and Mer arked or III	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D	21e PLACE	-		ZII LOCATION STREET	CITY OR	TOWN	(OUNIY	STATE
TO HOSPITAL Ox ATTENDI refouned by the hospitol or TO FUNERAL DIRECTOR. A should be detached for use, with the State Dept of Heal IMPORTANT, if them 21 is mo		220.1 certify that (I) (I) (Sow the decease obove, (I) (we) (d) 226. SIGNATURE 224. PHYSICIAN'S NA/	d olive on d) (did not) v	3 - 3 0 view the body	19 8	59	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS LELAND HU	MEDICAL ST DIRECTOR PHY	TAFF SICIAN []		
BP	24 EL	JURIAL, CREMATION, R SPECIFY Crema JUNERAL DIRECTOR TANGES	tion	23b DATE 03/30,	/87 Met	ropol	tan Crematory A. 250 PM	23d LOCATION	ria . A	COUNTY AR'S SIGNATE	Virgînia DRE

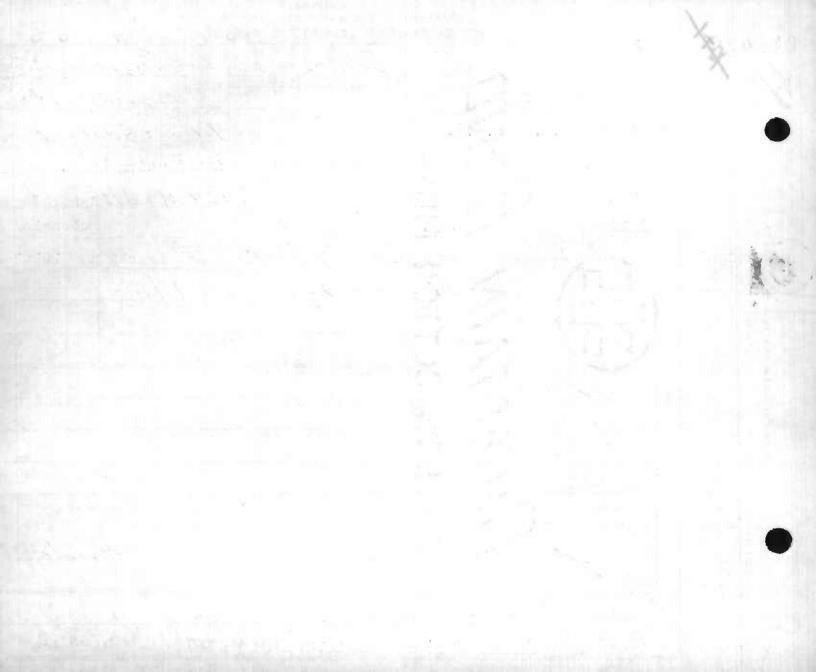
4/9

		STATE OF MARYLAND		
- STATE / REGISTRAR	DEPART		H S / U	9 1 6 3
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	ENZAGETH	SIL- 10112	3	4 87 12.50 AM
SEX	4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	Caucasian	Oct. 14, 1912	74 YR	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	18	B BAITIMORE CITY OR COLU	
Penn.	U.S.A.		ED PRINCE GEO	RCIES MD.
CITY OR TOWN OF DEATH			ION 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
LINTON	SOUTHERN MA	RUAND HOSPIT	- / Homomoleose	Home
BUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADAISSION)	MITS? 113. STREET ADDRESS / 710 CO	ODE
		3737	9211 Stuart I	n. 20735
FATHER'S NAME	MIDDIE 1ACT			
		n Ann:	ie	Eaken
WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	20735
NO NAME OF THE PER CITY	A 209-20-4	893 E. Gleni	n Shelow 1003 Parc	s Dr. Clinton, M
18 CAUSE OF DEATH (Enter on	ly ane cause per line fargat, (b), and	dice.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CANDIAL	INFANCTION	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO T	HE TERMINAL DE EASE OR CONDITION	GIVEN IN PART 1(a)
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 ALITOPSY2 Table IE	YES, WERE FINDINGS USED
		O. EKTO O. TASTEKI OKINEE	INCE	RTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING		21c HOW INJURY		YES NO
	11.1	Y YEAR		70 - 741 - 701 - 741 - 7
21d. INJURY OCCURRED				
WHILE NOT WHILE AT WORK		ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this hospit	al) attended the deceased from_	7/10 19	87 10 3/4	
saw the deceased olive on,	S/H 19	ond that in (my) (aur)	apinion death accurred on the date and	
226 SIGNATURE	view the body after death.	DEGREE		22c. DATE SIGNED
Mi	Mira			31487
224. PHYSICIAN'S NAME ITYPE OF	R PRINT)	22e ADDRESS		
REZA 1	MOSTAAM	4235	28th AVE TEMPL	EHILS M.O.
BURIAL, CREMATION, REMOVAL	T.	AME OF CEMETERY OR CREM	ATORY 23d LOCATION Climbron Drin	ice George's Md
remation	03/05/87	ee's crematory	CITICOIT, PIL	TOP ASET OF S TAME
	103/03/07			
funeral director Lee Fo	meral Home, Inc		250 DATE REC'D. BY REGISTRAR 256. REC	
	REGISTRAR DECEASED NAME SEX FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) PONT. CITY OR TOWN OF DEATH LITTON UAL RESIDENCE (IF NURSING HOME OR ISTATE DANIEL WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED 211. OCCUPANTION 212. I CERTIFY that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (did ng) 212. SIGNATURE 212. PHYSICIAN'S NAME TYPE OF REAL 2 A	REGISTRAR RECETOR PRINT) DECEASED NAME FIRST A RACE CAUCASIAN BIRTHPLACE (STATE OR FOREIGN COUNTRY) PORTO. U.S.A. CITY OR TOWN OF DEATH LUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE LIST CITY OR TOWN ATYLAND P. G. CITY OR TOWN OF DEATH LUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION ON RESIDENCE BEFORE LIST CITY OR TOWN TATHER'S NAME FIRST PART I. DEATH WAS CAUSED BY. (MENDIATE CAUSE OF DEATH (Enter only one cause per line for rat, (b), one part I. DEATH WAS CAUSED BY. (MEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE couse for immediate cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (FEBRER NOTIFY MEDICAL EXAMINER) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (FEBRER NOTIFY MEDICAL EXAMINER) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (FEBRER NOTIFY MEDICAL EXAMINER) PART 4. WORK AT WORK AT WORK PART 1. DEATH WAS UNDERLYING 19b. CONDITION FOR WHICH 19c. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED AT WORK AT WORK AT WORK AT WORK PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DATE AT WORK AT WORK AT WORK PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DATE AT WORK PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DATE AT WORK PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DATE 19c. PLACE OF INJURY LATHOMAL STREET, FACTORY, OFFICE, F. AT WORK PART 3. OTHER SIGNATURE 21d. PHYSICIAN'S NAME [TYPE OR PRINT] P. C. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. N. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. N.	DEPARTMENT OF HEALTH AND MENI REGISTRAR DECRASE NAME FIRST MIDDLE ARACE CAUCASIAN ARACE S. DATE OF BRITH DETTO OF WHAT S. DATE OF BRITH OCT. 14, D1912 SEX ARACE COUNTRY, BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR COUNTRY, CO	FOR PATE PROPERTY PROPERTY

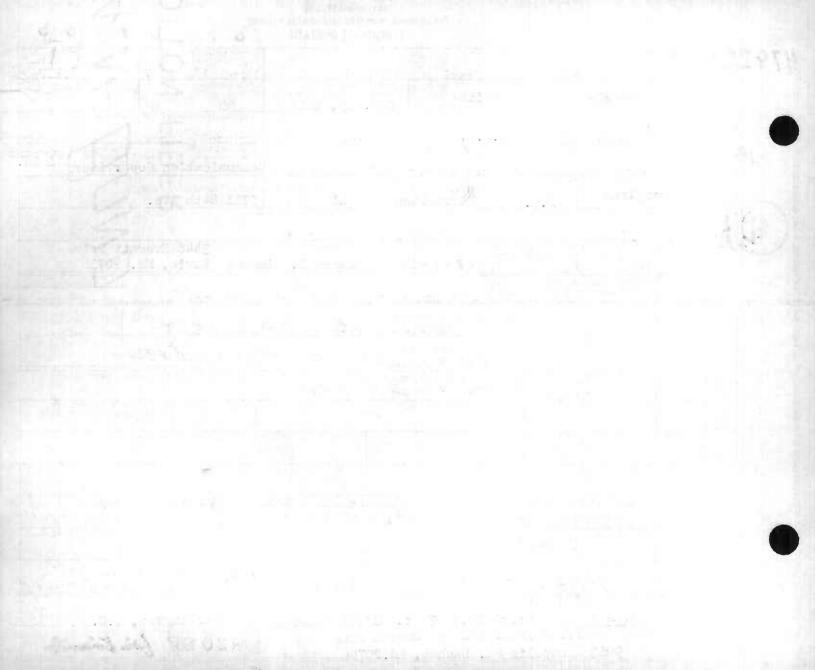


DATE: OF THE TAX AND THE PARTY OF THE PARTY NAMES OF THE PARTY (EA) HOLD BA LEIGHT) THE DATE OF THE COURT OF THE PARTY O In the first part of the control of the section of . .

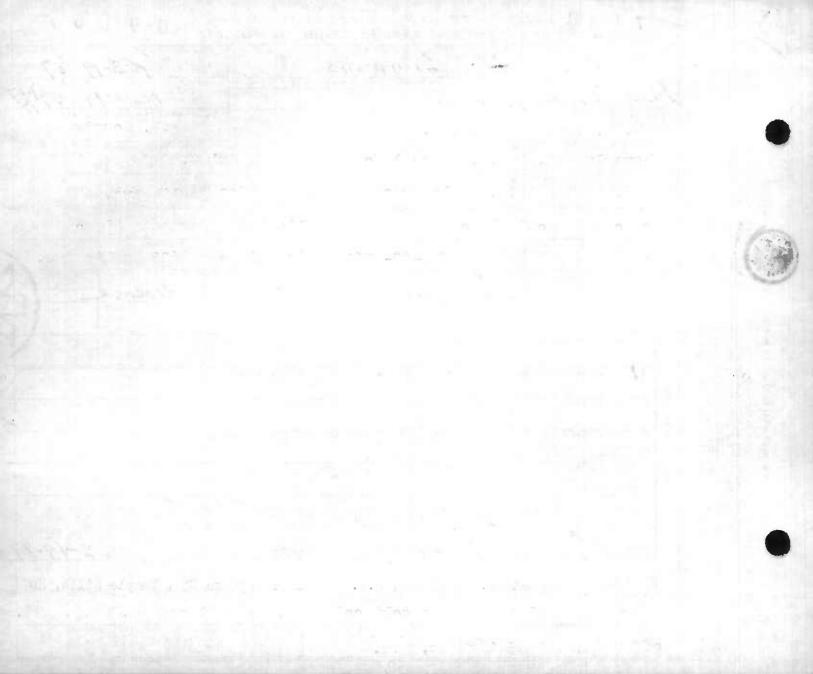
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH/ REGISTRAR REG. NO 20 DATE KNOWN BO DECEASED NAME (TYPE OR PRINT) OF ESTI-6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST SIRTHDAY PRONOUNCED 42 DEAD / 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. U.S.A. WIDOWED DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Distribution Wash.Gas OFFICIAL OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION VI 136 COUNTY 13e. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? # Howard Laurel 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EMIDDLE MIDDLE McDonald William Simmons Ruth INFORMAN Simmons 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. a C. Simmons Madison Ave Laurel MD (IF YES, GIVE WAR OR DATES) 216-38-6595 20707 unknown Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY JAL - TRANSIT PERM MENTAL HYGENE ON, OR REMOVAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 3 SHOULD BE I 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH WITH THE START MANTH START MAND AND A SHOULD BE SHOULD 228. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes death resulted fram: Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINED S M TYPE OF BRIENT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Buria1 07/B4 BP Fort Lincoln Brentwood MD 24 FUNERAL DIRECTOR Funeral Homess Inc. 25M 250 DATE REC'D BY REGISTRAR DHMH - 17 7601 Sandy Spring Rd Laurel MD 20707 Devider (VR A15 ME (5))



	- 1						STATI	OF MARYLAND						
		1	FOR STATE			DEPARTA		EALTH AND MENTAL HY	GIENE	3	0	()	~	4
		1 -	REGISTRAR				CERTIF	ICATE OF DEATH	Ö	REG. NO	U	7	Ų	0
4792211	18 2		DE ASED NAME	FIRST		WIDDIE	L	AST	20. DATE C	F DEATH A	AONTH D	AY YEAR	2Ь. Н	OUR
9 0		-	Ty	ra .	YEAR !	Pearl	SIMM	ONS	Marcl	n 13.	1987		5:3	5P M
a do		3. SEX	<		4. RACE		5. DATE C		6. AGE IN	YEARS LAST BIRTH		ONTHS DA		DER 24 HRS
ge 4 rs ofti			Female		Wh:	ite	Dec		6	5	YRS.	ION THE DA	13 1100	Mile.
Po Po	ė ¬		RTHPLACE (STATE OR FO	REIGN	L CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIM	ORE CITY OF	COUNTY	OF DEATH		
nero n 72	0	-	Missouri	600	U.S	.A.	WIDOWE	DIVORCED	Prin	ce Geo	rges	170%		MD.
The state of	ر روق	10. C1	TY OR TOWN OF DEAT	Н	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					OCCUPATION OF FOR MOST OF	WORKING LIFE			teran dmin.
by the	Ð. 7		anham			ctors Hos			Commun	nicatio	on Sur	ervis	sor "	ditti.
24 hoursilled in		130 S	AL RESIDENCE (IF NURSING AT PLATE AT PL	IS HOME OF	TY	GIVE RESIDENCE BEFORE CATTOLLT	N	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / 84th A	ZIP CODE	20	178	4
	ne	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA						
	9		FIRST	,	AIDDLE	LAST		FIRST Lilly		WIDDLE		T.	allev	7-112
1 1	a	16a V	Edward VAS DECEASED EVER IT	V U.S. AR/	MED FORCES?	Ledbet		17. INFORMANT		3448	Ever	2t.t. D1	rive	
bo o d	medico	{	YES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	493-28-1	099	James L. S:	immons	_	, Md			
icio	t e	-	18 CAUSE OF DEATH	(Enter an	v ane cause per			1 -	Δ.				ROXIMATE II	NTERVAL AND DEATH
fice fice	event,		PART I. DEATH WA	S CAUSEI MMEDIAT	BY:	Cardi	olle	shiraton	An	ust-				
				MMEDIAI		R AS A CONSEQUE	NCE OF	0						
death attendi	fraumotic		Canditions, if any,	which	((b)	Com	0	and BRI	AIN.	DEA	TH			
th the	60	- 1	gave rise to imme couse (o), stating	ediate the	DUE TO, O	R AS A CONSEQUE	NCE OF	2221	+ 1 1 1	01-1	1001			
0 0	a a		underlying cause	last.	((c)	INTRA		EBRAL	acr	norm	The			
v 0 0 -	, Kunlui	z	PART 2. OTHER SIGN	FICANTO	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONE	DITIONGIV	EN IN PART	lia	
E 0 E	2 7	TIO	19a DATE OF OPERATI	Cle	LIPA COND	TION FOR WHICH	PERATIO	N WAS PERFORMED	20a AU1	OPSY?	20h JE VES	WERE FIN	IDINGST	ISED
low os b	0 04	CERTIFICATION	178 DATE OF OPERATO	014	170 COI4D	MIONION WINCH	OLEKATIO	THE WASTERI ORMED			IN CERTIF	YING CAU	SES OF D	EATH?
	Shows	ERTI	21g. ACCIDENT WAS UNDE	RIYING F	21b. TIME C	OF IN ILIRY		21c. HOW INJURY OCCU	YES _	NO L		S OPPART		<u>' </u>
	20		OR CONTRIBUTING C			M. MONTH DA		The track is to the control of the c	KKED (CHIER)	ALOKE OF HAJOK	, in them to t	ANT TORTANT		
SiC	Hem	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRE			.M. OF INJURY	19	21f. LOCATION			-	-		
I C C T	edor	ME	WHILE NOT WHILE	E		REET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TOV	VN	COUNTY		STATE
Afre os olth olth	marked		220.1 certify that (I) (ol) ottended ti	ne deceased from	2 -	10 - 19.50	ta	2-15	2	10 5 7	that I	I) (we) lost
	5		saw the deceased above, (1) (we) (di				, 01	nd that in (my) (our) apiniar		red an the da	te and have	and fram		
OR ATTEN e hospitol DIRECTOR oched for u	hem 2		above, (1) (we) (di 22b, SIGNATURE	d) (did na	view the body	after death.	/	DEGREE				22c. D/	ATE SIGN	ED
L + = 0)	<u>*</u>		9	440	de	_	R	ATTENDING PHYSICIAN	MEDICA	STAF				
HOSPITAL ned by th FUNERAL Juld be deta	Ž-		22d. PHYSICIAN'S NA	ME TYPE O	R PRINT}			22e ADDRESS	0.1			INE	208	/
4 0 0 4	MPORTANT		H	141	LA	300		9470 AN	NAFEL	is Ra	LAN	HAP	1. M.	20706
shoots with	₹ →	23a (BURIAL, CREMATION, R	EMOVAL	236. DATE			EMETERY OR CREMATORY	23d LOC					
BP			(SPECIFY) Burial		March	16.1987 M	t. 01	ivet Cemeter	r C1	Washir	agton	D.C.		STATE
DHMH - 16 60M	7/84	24 F	UNERAL DIRECTOR R	endo	n/Hale	Lanham Fu	neral	Home 250. DX	TE REC'D. BY	REGISTRAR	Sh REGIST	RAR'S SIGN	ATURE	.8)
(VRA 15 4)					la Da	Tarabassa	113 0	0706	MAR	2 0 198	1 Ejus	lin die	Listacionsi	Jun o me



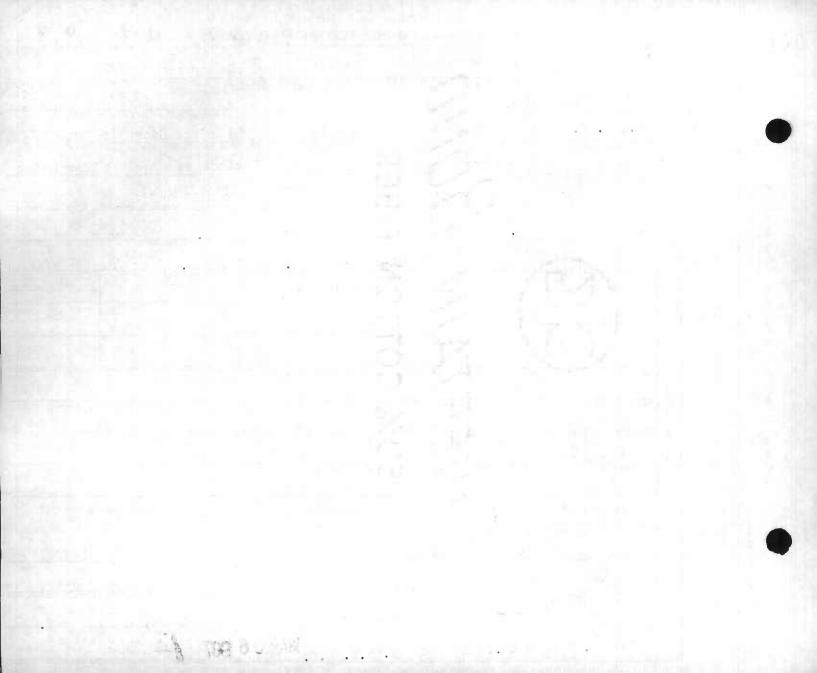
010	0.01. 1110	101	FOR7 Ttem	#1 G 626		STATEPARTMENT OF		ARYLAND	VOIENE		4 1
0 4 0	U O 4 HAIL	100	STATE 4/2	/87 cw		ICAL EXAMIN			EREATH (9 1 5 NO.	0 /
18		1 DEC	EASED NAME	FIRST	4 -	MIDDLE		LAST	20. DATE KNOW	N D MONTH	DAY YEAR 26 HOUR
4	克米尼尼 巴	(IYP	OR PRINT}	20	G.	Simn	non	5	OF ESTI-	Made	19 1987 M
	ON STREET	3. SEX	Tale 8	ack "	ATE OF BIRTH	46. AGE (IN YEA	MONTH	DER I YR. IF UNDER	MIN PRONOUNCED DEAD	March	19 19 87 1 1 M
	75	Wa	RETHPLACE (STATE OF PEIGN COUNTRY) D.C.			. A.	WIDOW		D D	G. Cou	MD.
	PAGE FILED	0	heverly	Md.	FIP GHEAC	General States	losp		Main Pring LIFE	(TYPE OF WORK	OR INDUSTRY
21201	SECOND SECOND	13a S	RESIDENCE (IF IN NU	rsing home or othe 13b COUNTY $^{ m P}$.G.	GRESIDENCE BEFORE ADMISSIS		13d INSIDE CITY LIMITS?	8623 Lesli	e Ave.	20801
MO	11/60		THER'S NAME Francis F	Raymond	Simmo	ns LAST		is mother's maide Elizab		tt Si	mmons
	Mess /	6a V	AS DECEASED EVER S NO. OR UNKNOWN) CS	IN U.S. ARMED F		578-22-7		Anita S	immons 862		ie Ave.
PRESTON ST	THIN 24 FOUR SIL IN ITEM IS FER ALONG WITH A NSIT FEWIT AL HYCENE DE REMOVAL		Conditions, if a gave rise to	AS CAUSED BY: IMMEDIATE CA	Alt	uspeller	200	sude 200	mule de	dus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W.	EXECUTED WING: IN PENCING. IN PENCINGAL EXAMINAL-TR. H AND MENTIMENT MATION, OR	7	couse (o) stating lying couse lost.	the <u>under-</u>	(c)	AS A CONSEQUENCE O		OR CONDITION GIVEN IN PAR	Τ 1 (α)		
TAL RECO	SHOULD BE EXECUTE ORD "PENDING" CHIEF MEDICAL E USED AS A BUT OF HEALTH AND URIAL, CREMAT	CERTIFICATION	19a. DATE OF OPERA	ATION	196 CONDIT	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY?
DIVISION OF VITAL	RIFICATE SHO NG THE WORD TO THE CHII SHOULD BE US PARTMENT OF RIOR TO BURL	AL CERT	216. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY YEAR	21c HC	W INJURY OCCURRED) (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR	YES NO (2)
DIVISIO	WRITING WARDED 1 WAGE 3 SH TATE DEP	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W			FINJURY (AT HOME, DRY, FARM, ETC.)		ATION	CITY OR TOWN	COU	INTY STATE
	MANER: TIFICATE BE FOR: ECTOR: TH THE S		226. I certify that death resulted from			ribed obove, held on Accident , Sur	Autops	y , Inspection Homicide ,	Undetermined monner	ond in my op	inion
	TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAR		ACTUAL SIGNATURE	rigun	150	nuguy	М.	Deputy	MEDICAL EXAMINER	DATE	3-19-87
	PAGE PAGE BATTER	23e.Bl	(TYPE OR PRINT) PRIAL, CREMATION, R Burial	EMOVAL 236 DA	ATE OL JOS	23c. NAME OF CEA	AETERY OF	RCREMATORY	Rayburn Ct .		
07/84 25M	BP		BUTIAL	3/	24/87	FortoLi			Brentwood EC'D. BY REGISTRAR 236.		P.G. STMd.
	DHMH - 17 (VR A15 ME (5))			н. 360	5 14th	Wash. D. St, N.W.	.0.	MA	23 1987	, , , , ,	The second



					SIAI	E OF MARYL	AND				-
9399 APR-		FOR STATE REGISTRAR		DEPA		ICATE OF	MENTAL HYC	8 /	O .	9 1 0	ð
oge 3		CEASED NAME FIRS		Henry		AST MITH		20. DATE OF DEATH	03	27 87	10 40A
mo).	3 SE	X	4 RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
ector rs of	Ma	le	Cauca	sian	4-30	-1912	YEAR	74	YRS	MONTHS DAYS	HOURS MIN.
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7a BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNT	RY? 8.		MARRIED -	9 BALTIMORE CIT	OR COUNT		
deoth deoth		nnsylvania	U.S.A		WIDOWE	D X D	NORCED [PRINCE G			MD.
	(TY OR TOWN OF DEATH CHEVERLY	PR TINCE SU	HOSPITAL, NUR	SET AUSPI			120 USUAL OCCUP (TYPE OF WORK FOR MO Stock Cl		IZE KIND OF	Electric
filled in odd be	130. 5	AL RESIDENCE (# NURSING HO STATE 136 C 1ryland Pri	me or other institution ounty nce Geo.	Bladen		13d. INSIDE (CITY LIMITS?	13 STREET ADDRESS 5999 Eme	s / ZIP COI	D€ 5t. #108	20710
12 sh		THER'S NAME	MIDDLE	LAST			S MAIDEN NA			IAS	1
d 200	Ar	thur H	enry	Smith,	Sr.		Catherin	ne		Muha	11
dicol de	11	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIALS	ECURITY NO.			Gerland			
Poge	No			171-01	-8278	Mrs.	Alma G	ray, Balti	more,	Md. 212	06
sicio ppers		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse pe	r line for (a), (b)	, and (c).)	616	COLA	12/1		APPROXI BETWEEN C	MATE INTERVAL
- Call - S		IMME	DIATE CAUSE (0)	HNOX	(()	にとい	EPHA.	LOVATH	7		
otic of the			DUF TO C	OR AS A CONSE	QUENCE OF	Λ	111				
9 1 1 m		Conditions, if ony, which	h ((b)_	CA	ROTA	1	RRES	7			
by the cose relation of the cose relations o		gove rise to immediate couse (a), stating the underlying couse los	DUE TO, C	OR AS A CONSE	QUENCE OF RCIN	oma	LE	FT LUI	16		
n signed Then ple to buric	NO	PART 2. OTHER SIGNIFICA	- 11		TO DEATH BUT	NOT RELATED	D TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 110	
hos been permit ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN FIFYING CAUSES YES \(\)	GS USED OF DEATH?
cote ronsit Hygie	CER	21a. ACCIDENT WAS UNDERLYIN	110110 1	OF INJURY	B.W. WE:2	21c HOW It	NJURY OCCUR	RED (ENTER NATURE OF I	,		
o ph niolitr		OR CONTRIBUTING CAUSE O		.m. MONTH	DAY YEAR						
d Mer	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATI	ION	£190 A	TOWN	COUNTY	STATE
ter the street of the street	\$	WHILE NOT WHILE AT WORK] (AT HOME, SI	TREET, FACTORY, OFFI	CE, FARM, ETC)	SINEE		CITO	.,0	COUNTY	STATE
Af Se of the colft		22a.1 certify that (1) (this h	nospital) attended t	he deceased fro	m 3	18	19 67		27	, 1927	that (1) (we) lost
Prior TOR for L		sow the deceosed oliv above, (1) (we) (did) (d	e on	26 1	9 87.01	nd that in (my) (our) opinion	death occurred on the	dote and ha	our and from the o	ouses stoted
hos hed hed ept.		226. SIGNATURE	101	1		DEGREE				22c. DATE	SIGNED
RAL D detoc			118	77	M	0	ATTENDING PHYSICIAN		TAFF SICIAN [32.	887
FUNE Suld be th the S		22d. PHYSICIAN'S NAME	Sin G	H		1220 ADDRES	A 563	2 ANNA	POLI	5 20	#9
5 5 5 4 3 X	23a B	SURIAL, CREMATION, REMO	OVAL 236. DATE	2	31 NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	11	, , ,	
P	Bu	rial	3-30-					Brentwo	od P	G. Mary	and
AH - 16 60M 7/84	2 = F	TANCIS GASC			RAI HO	MF P	A 250 DA	E REC'D, BY REGISTR	AR 256 REGIS	STRAR'S SIGNATI	URE
		89 Baltimore A					BIT (- 6	1 1301			
						4 37					

4/9

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN X MONTH OF ESTI-E FUNERAL DIRECTOR
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS Edna 3/3 Smith 1087 Mae 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 4:10 P. M DATE LAST BIRTHDAY) PRONOUNCED Black Female. Jun. 18,1905 DEAD 1987 81 YRS To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash. D. C. USA WIDOWED X Prince George's County DIVORCED FILED, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION To USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY Landover 410 Hill Road Retired Pharmacist ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland Prince George's Landover 410 Hill Road NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Daniel Cunningham Mary Carter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) No 579-16-2072-A Ms. Gwendolyn S. Admams/daughter/same 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ad 13e PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) None 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? None NO Y 210 EXTERNAL CAUSE WAS 716. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (ATHOME, II LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OF TOWN TO MEDICAL EXAMINES IN EXECUTE THE CERTH CATE
PAGE 4 SHOULD BE CORN
TO FUNERAL DIRECTOR IN AFTER DEATH, WITH HEST
BALTIMORE, MARY LAND. 270. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 3/4/87 SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAM John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 3-9-87 STATE Lincoln Memorial 07/B4 BP Suitland 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 1256 REG John T. Rhines Co., 3015 12th St. N.E. **DHMH - 17** (VR A15 ME (5))



				STATE OF MARYLAND		
	1-	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL H	YGIENE	170
717520 26		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 - 1 3 3 5 3 WILL		EASED NAME FIRST OR PRINT)	MIDDLE	Clast 1	20. DATE OF DEATH MONTH D	YEAR 26. HOUR
9 0 V		JOHN	MARKEN	SMITH	17 March 1:	5 1987 / MM
1 12 .	3. SEX		4 RACE	Jan. 27 1913	I I	FUNDER TYEAR FUNDER 24 HRS
\$ 25 XX		Male	White	Jan. 27 1913	1K2	
4 92/2/9		OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
1741		Georgia	USA	WIDOWED DIVORCED [MD.
11/2/	70	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION ADDRESS! ETCS VILLE Hospita	12a USUAL OCCUPATION 11 Office Banker	126 KIND OF BUSINESS OR INDUSTRY FIRST American
102		Laurel			ul Ullice Banker	First American
2 1 1 2	13a S	LERESIDENCE HE NURSING HOME OF TATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
AN S STATE			ce Georges Beltsv		11600 35th. Place	e 20.705_
H 1 12/17	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	NAME	LAST
W I VIOI			Marren Smith,			Reynolds
ORE,		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
IIMO		Yes WW		999 A Gertrude F	L. Smith- wife- (sa	ame as 13e)
BALT sicro	700		nly one cause per the for (a), (b), and	di CA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0.00	-5	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (0) CHELLES	ent Clesquates	n Ineumous	moutes
PRESTON ST			DUE TO, OR AS A CONSEQUE	NCE O	- 111 -	1001
EST Course		Conditions, if any, which	(10) Clearing	ed Squamper	ell Couces	1981
	0.8	gave rise to immediate cause (a), stating the	DUE TO, OR ASA CONSEQUE	INCE OF WAY	0 - 0 1	
thot d by eose ol, cr		underlying cause last	1 10 Flores	mouth Jung	O Done Miladas	
S, 26 gnec gnec gnec gnec in pli	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO WELATED TO THE IE	RMINAL DISEASE OR CONDITION OF	NAN PART hou
ORD regu	9	Weaketer M	eller euro	usled AVM2	gueliant /1	Schule Voluse
RECORDS flow requires so seen signermit. There is prior to the prior	N N	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	The AUTOPSY?	YING CAUSES OF DEATH?
At The	CERTIFICATION			Val. 1100 a la l		NO [
AN. Shysicot ficot tron		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	T INC. IS A ALL ALCONITION OF	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	(RT 1 OR PART 2)
SICI ng F	ICA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
DIVISION OF VIT NG PHYSICIAN: - orrending physis, ther this certifical os the burial-trans than Americal Hygin and Mental Hygin and Mental Hygin arked or them the second of the second or the second	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE F	ARM, ETC }	CITY OR TOWN	COUNTY STATE
DIVI NG of the of the orke		AT WORK AT WORK			124()	- 2 - 1
ON: OF		22a.1 certify that (II (this hosp	ntal) attended the deceased from	1952 19_	on death accurred on the date and have	19 C, that (I) (Ne) lost
ATTEN Sspitol ECTOR: d for us t, of He		obove, (I) (we) (did) (did no	ot) view the body ofter deoth.		on death accorred on the date and havi	
OR he he		22b. SIGNATURE	0110.00	QEGREE ATTENDING	MEDICAL STAFF	226. DATE SIGNED
RAL RAL		22d PHYSICIAN'S NAME LITTE	J. W Laceon	PHYSICIAN 222 ADDRESS	DIRECTOR PHYSICIAN	13-15-81
HOSPITAL OF LINERAL OF		DICHAS	Direction of the same	Al Hanis	1/ 00	COO. (1) (1) INT
A P O H		MICHAILD	LWMLLIO	1 4700 Den	vyn your Id	Welge Jan 14
	23a. B	urial, cremation, removai ^{spec} Burial		AME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
BP				lington National	Arlington Arlington Arterec'd By Registrar 256 Registi	Virginia
DHMH - 16 50M 4/B3		NERAL DIRECTOR	neral Home Sîlver	Carina Md	The Part of the Pa	TAR S SIGNATURE
(VRA 15, 4)	LITI	res/itiliatur Pul	relar Home Strver	opering, nu.	D1 = 1087 1	The same of the sa

TREE STATES STATES AND A STATE OF THE STATES and the second of the second o

								ARYLAND				
1100	0 1 105		FOR			EPARTMENT O			03 001	0 9	17	
1433	3 MINT		EGISTRAR		MED	DICAL EXAMI	NER'S C	ERTIFICATE O	OF DEATH	REG. NO.		
			EASED NAME	FIRST OLL	IE VĮQ	L'A" MAGUG	AN CI	ARK SMIT	TH 20. DATE	KNOWN MON	NTH DAY YEAR	26 HOUR
	ERS. S. S. E.	1	_	Ille	V	. 0	mil	4	DEATH	MATED 5	7- 24/198	M
	A DE LE COMPE	3 SE)	Female 0	BlackA	ALE OF BIRTH	1899 AGE (IN	YEARS IF UN	DER 1 YR. IF UNDE	MIN. PRONOUN	MÓN	TH DAY YEAR	838
	ESSARY, PLEASE ERAL DIRECTOR. DR YOUR FILES. THIN 72 HOURS RESTON STREET,	1	mile 101	uch q	-28-	-99 87	YRS. MONTH	DAYS HOURS	DE AL		-24108	790,
	ECESSARY INERAL DI FOR YOU WITHIN 72		RTHPLACE (STATE OR	7b. C	ITIZEN OF WH		8 MAPPI	ED NEVER MARK	9 BALTIN	ORE CITY OR CO	UNTY OF DEATH	
	MZZZA/		eorgia	Ur	nited	States	WIDOW	- 4	ED Pri	nce Geo	rges Cou	inty
-	HE FURE SOLW	10 CI	TY OR TOWN OF DEA	TH 11. N	NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION		PATION (TYPE OF WO	ORK 126 KIND OF B	
5	3-AMM	118	pel/nar/x	000010	903	West 6	Hon	no Aniv.	FOR MOST OF WOR	aker	Domes	
_	NY DEL VD 3 TO STAIN P CUID BE		L RESIDENCE (IF IN NU			E RESIDENCE BEFORE ADMI		1	l		(207	72)
2120	AND TENDER OF THE STATE OF THE	130. S M a	ryland	P. G.		Upper Ma	rlboi	INSIDE CITY LIMITS?	10903	West Ke	ttering	Drive
9	A S. 3.2. F		THER'S NAME			1		15. MOTHER'S MAID	FNNAME			
. ×	S L	100	FIRST	Cla		LAST	2509	Elizak		quqan	LAST	
O. No.	FTER DEAT FORM PA SES 1 ASS SION OF ASS	16a. V	West AS DECEASED EVER			166. SOCIAL SECUR	ITY NO.	17 INFORMANIS			ahway . Ar	ot.167
BALTIMORE, MD.	AFTER INE P.	(4	S, NO, OR UNKNOWN)	J IF YES, GIVE WAR OR	R DATES)	577-34-	6204	Alan D.				
- S	S. G.I. WITH DIVIS			H /Enter only one	V2	fgr (a), (b), and (c).)		Atan D.	Ditta Cir (9	Lanacon	APPROXIMA BETWEEN ONS	
75	A 18 MIT VE.	2	PART I DEATH W	AS CAUSED BY:	do	2110100	sotie.	enelro	- Pardior	as welow	BETWEEN ONS	ET AND DEATH
0	A SERVE		Charles and the	IMMEDIATE CAL		AS A CONSEQUENC			CP 4000		The same of	
1	SA PHON		Conditions, if c	any, which	DOE 10, OK	AO A CONSCOULAC	201					
1	RRITAL		gave rise to couse (a) stating		(p)	AS A CONSTOURNE						
2	JI DENGELLE EXPERIENCE ON, OR REMOV		lying couse lost.	me dider	DUE TO, OK	AS A CONSEQUENC	E OF					
5, 2	N N N N N N N N N N N N N N N N N N N		DART & GYUER CICALIFICAN	T COMOUND CONTON	(c)							
RECORDS, 20	"FENDING" IN PRESENTED WITH A BOUND WE HEALTH AND WE AL, CREMATION,	z	PAKI Z UTNEK SIGNIFICAN	COMOTHORS CONTRI	RUTING TO DEATH B	IUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN P	ART 1 (a).			
EC	AS CREATE OF THE CARE	CERTIFICATION	19a, DATE OF OPERA	TION	TIAL CONDIT	ION FOR WHICH OP	EBATION W	AC DEDECTRACES			Too common	
7	WORD "FER WORD "FER HE CHIEF AN DE USED A KENT OF HEA CONTROL CONTROL	1 5	196. DATE OF OPERA	IIION	176 CONDII	ON FOR WHICH OF	EKATION W	MS PERFORMED:			20 AUTOPS	_/
DIVISION OF VITAL	THE SECOND	E	21g. EXTERNAL CAU	SE WAS	233 TIME OF	B.L. I. I. I.	Lavino				YES 🗌	NO B
Ö	アポードペー		UNDERLYING DE		HOUR A.M.	MONTH DAY YE	AR ZIE HC	W INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	OR PART 2)	
O	このヒナゼン ノ	MEDICAL	CONTRIBUTING	CAUSE OF DEATH		19					Fig. 1	
N N	H-Hmm of the	AED	21d INJURY OCCUR			OF INJURY (AT HOME, ORY, FARM, ETC.)		TREET	CITY OR TO)WN	COUNTY	STATE
۵	WRIT WARD VARD VARD VAGE (ATE D	1	AT WORK AT W	ORK								
	. S. Z. E.		22a. certify that	I took charge of th	he remains desc	ribed abave, held an	Autops	y . Inspection	on . Inquiry	and in m	ny apinian	
	EXAMINER CERTIFICAT ULD BE FOR DIRECTOR: , WITH THE WARYLAND		deoth resulted from				Suicide	Hamicide .	Undetermined m			
	CERTIFICERTIFICATION OF WITH AARYLV			1	. ww	7						0
	A POPULATION OF THE POPULATION		ACTUAL SIGNATURE	ugusto	17.10	duyus	-	Deputy	MEDICAL EXAM	DAINIER CH	ATE 3 -2	4-87
	SER AS A			//	/	11						8
	A SHEET		EXAMINER'S NAME (TYPE OR PRINT)	August	o P. Ro	draguez,	M.D.	ADDRESS 5009 I	Rayburn Ct	. , Templ	e Hills,	MD
	TO MEDICAL ED EXECUTE THE CIPAGE 4 SHOULD TO FUNERAL DATER DEATH, AFTER DEATH, ABALTIMORE, AV.	23a. B	JRIAL, CREMATION, R	EMOVAL 23b. DA	ATE	23c. NAME OF G		National	23d LOCATION		S C IN IT I	
07/84	BP	{:	Burial	03/	30/87	Memoi	cial .	Park	Laure	1.P.G.C	o., Mary	land
25M	ALCOHOLD TO SAME	24. F				eral Home		25a. DATE	REC'D. BY REGISTRA	AR 255 REGISTRAF	SSIGNATURE	dalla
	DHMH - 17 (VR A15 ME (5))	38	31 Georgi						R - 2 198	James 10.		
		20	7 00019		2.77 7 11000			A				

4/9

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH polomon -OUISE MARY 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR Cauc. 20 TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Penna. USA WIDOWEDXX DIVORCED RINCE GEORGES CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LINTON Housewife at home SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13 . STREET ADDRESS / ZIP CODE Penna. Favette Dunbar YES X NO 92 Connellsville St 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Calvin Swindel1 Jane Knight 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LIF YES, GIVE WAR OR DATEST Solomon same asitem 13 173-18-6556 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased Iram. sow the deceased alive on_ and that in (my) took opinion death accurred an the date and hour and from the causes stated abave, (1) (me) (did nat) view the bady after death 22c. DATE SIGNED ITENDING . MEDICAL 3/11/87 PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS ld b IMPORT, 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3/15/87 Percy Cemetery North Union Township Penna. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16/60M 7/84 (VRA 15, 4) KALAS 6160 Oxon Hill Rd. Oxon Hill. Md.

1400 0 2 4007



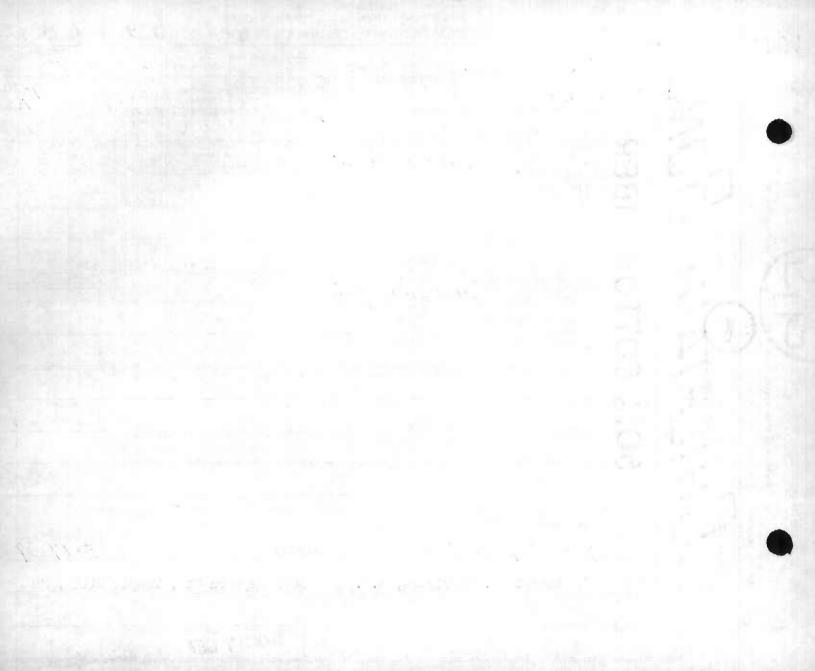


THE HARRY B. L. B. L. P. HOLLES ST. P.

July 1917 A Televis

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 26 HOUR TYPE OR PRINT ESTI-Cherry DEATH MATED 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! MISSISSIPP DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK IN KIND OF BUSINESS tirtomo 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20784 IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** (IF YES, GIVE WAR OR DATES) Mildred 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ardcomus ou IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO TH 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN WHILE AT WORK COUNTY STATE PAGE 4 SHOULD BE FORW.

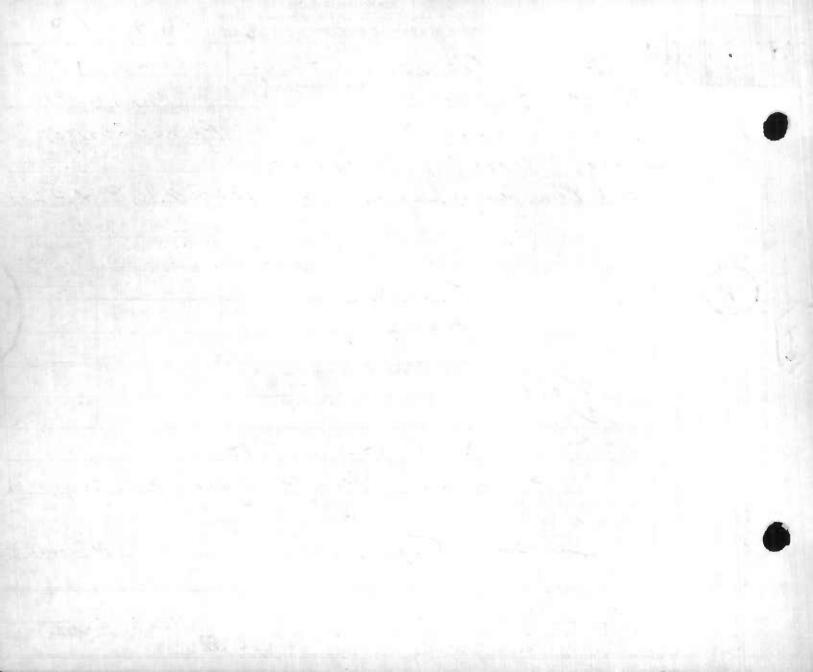
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Notural causes Homicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



			1		Item 6, Film	G626 4/	1/87 jah	STAT	E OF MARYLAND					
6.2	57	1140	- 0	1-	FOR STATE REGISTRAR	0020 47	DEPARTI	MENT OF H	EALTH AND MENTAL HYG	HENE /	REG, NO.	9	1	1 3
. 0 6	01	- Fri i	-		CEASED NAME FIRST		MIDDLE	L	AST	2a DATE OF		1 DAY	YEAR	2b. HOUR
	e 6	death	-	(TYPE	OR PRINT) DORIS	N	1.	STA	CEY	12-14	03	02	87	3 30PM _M
	noy b	O		3 SE)	(4. RACE		5. DATE C		6 AGE (IN YE	ARS LAST BIRTHDAY)		DER I YEAR	
	ige 4 n	urs afte			Female	Caucas	ian	Marc	DAY YEAR	-65		'RS	HS DAYS	HOURS MIN.
-	- TO	2 2	1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		RE CITY OR CO			
	leo1	7 4	X		Ohio	US	A	WIDOWE		PRIN	ICE GEOR	GES (COUNT	Y MD.
-	to to	1	11	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORK		26. KIND O	OF BUSINESS OR
5 X	s of	1	4		CHEVERLY		GEORGES		CAL CENTER	Homem				n home
270	hour	1 7	7	13a S	AL RESIDENCE (IF NURSING HOME TATE 13b CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	112 STREET A	DDRESS / ZIP	CODE		
Q Z	24	11	1			George's	Bowie	14	YES KI NO		Tarragor		0 2	0715
YLA	thin 1	2 /2	7	_	THER'S NAME				15 MOTHER'S MAIDEN NA			a Archea	<u> </u>	0117
AAR	3 0	1/6	2/		Dennis	WIDDIE	Burke		Marie		WIDDIE			arvey
Ä,	cute	1	-	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS	_		
MOM	e exe	4 1	1	()	ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	277-18-5	835	Janet L. Tur	cotte	12602	Kava	naug	h Lane 15
ALTI	d b	1.1	1		18 CAUSE OF DEATH (Enter	anly and cause ner			Tourist De 101	00000	DOWLE	The last		XIMATE INTERVAL ONSEL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	rhificor	emo emo			PART I, DEATH WAS CAU				ISM WITH INFA	RCTION			15	Charles of the contract of the
N N	h ce	or or or				DUE TO O	RAS A CONSEQU	ENCE OF						1
EST	deat	lon,			Conditions, if any, which	((b)	CEREBRAL	EDEMA					12,	len
8	he o	emal emal			gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUI	ENCE OF						
*	hot by	lease re ial, cren or ather			underlying cause last	(5)	CAS A CONSECCO	11102 01						
. 20	ires t	0.5		-	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	ORCONDITIO	N GIVEN II	N PART 1	10
RDS	equi	The Tol		CERTIFICATION										
<u></u>	bee	prio ony	1	CAT	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO				INGS USED S OF DEATH?
7 8	on.	giene shows	1	TIFI						YES	NO	YES D	. /	NO [
ZIV	N. T	Hygie 18 sho	7	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITE	M IB PART I	OR PART 2)	
9	A bh	rial-t ental	1	AL.	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH D.	19						
O	HYS	Me Me		MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TOWN		COUNTY	STATE
NS N	offer a	s the		Z	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY OFFICE, F	ARM ETC }	SIKEET		CHTOKTOWN		.001411	SIMIL
۵	NO NA	se o mor		-	22a. certify that (I) (this ho	spital) attended th	e deceased from_	h	112 19 8-	3to	2/2	19_	87	, that (I) (we) last
	TEN	or u of He		- 3	saw the deceased alive	on3/-	19_	87.01	nd that in (my) (our) opinion	death occurred	on the date an	d hour one	- /	
	OR AT	pt.		123	271 SIGNATURE	not new the body	This peats.	1	DEGREE	/			22c DAT	E SIGNED.
		+ w .			Hund	1110	hall		ATTENDING	MEDICAL	STAFF PHYSICIAN [-	3	13/87
	ned by th	be dete	-		22d. PHYSICIAN'S NAME (TYP	E OR PRINT	file		22e ADDRESS	PDIRECTOR	_ PHISICIAN [110/
	HOSP Ined b	should be de with the Star	/		LEONARD P. A	PPEL, M.).		3231 SUPERTO	R LANE	BOWIE,	MD.		
	of of of	sho with	+	73c 0	URIAL, CREMATION, REMOV	AL 23b. DATE	122.	NAME OF C	EMETERY OR CREMATORY	73d LOCA	TION			
	nn			- (SPEC (FY)	MAR 4				CITY	DRIOWN	100	UNIY	STATE
	BP			-	Cremation JINERAL DIRECTOR	1111	/-/		olitan Cremato	LA ATE				rirgini
(6 60M 7/	'B4		NAME	MULIANS	3 AUDIKE 33	_	To Mode	MAR'U'S	398 7 25h. g	AMERICA	3 SIGNA	II UKC
	(VRA	15, 4)		Be	all Funeral He	me	Bowie, N	1D 20	715-3043					

The state of the state of	March 4, 3920	Cassasian	Longs/S
	V-1		
		v	02:00
	- X - Y	AEU	Q.J.
Lord and to the total and total			
SOLD Terrando Lan: 20115		Fr. Buored's Post	
Te Printed	4242	·	a krimes
Personal Land Control of the Control	and I would HEE	PART PART OF THE P	017
		7 7 7	
PIC IN I			
Marian Service and American and American			
tivily and the street of	Champion territorion		mirate Ti
	The sections of		
	ENLIGHTS I	Mighton profits	THE LIBERT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR THE DEPRINT 20. DATE KNOWN JOHN NEWTON STALEY DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED JOE BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. Maryland IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Salesman Dept. Store USUAL RESIDENCE 20708 30 STATE T FATHER'S NAME Staley Virginia Helen Randall James 17 INFORMANT 3409 Taylor Street 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Yes Vietnam 217-44-8048 James A. Staley, Brentwood, Md. 20722 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CHIE NGE 3 SHOULD BE USI ATE DEPARTMENT OF 1201 PRIOR TO BURIA YES [] 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH If LOCATION 21e PLACE OF INJURY AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2 224 I certify that I taak charge of the remains described above, held an Autopsy Inspection Hamicide Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers Silver Spring, Maryland (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Cremation 3-14-87 Metropolitan Crematory Alexandria, Virginia 07/84 PRANCIS GASCH'S SONS FUNERAL HOME, P. A 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL PROPERTY OF THE PR 25M **DHMH - 17** 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5))



FOR

22c. DATE SIGNED MPORTANT the St should with 1 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE 23March87 Resurrection Cemetery Clinton 74 FUNERAL DIESTOR NAME ROBert E Wilhelm Funeral Home DHMH - 16 60M 7/B4 Suitland, Md. (VRA 15, 4)

STATE OF MARYLAND

DAY

YEAR

IF UNDER I YEAR

Hawes

COUNTY

75 HOUR

12b. KIND OF BUSINESS OR

S

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

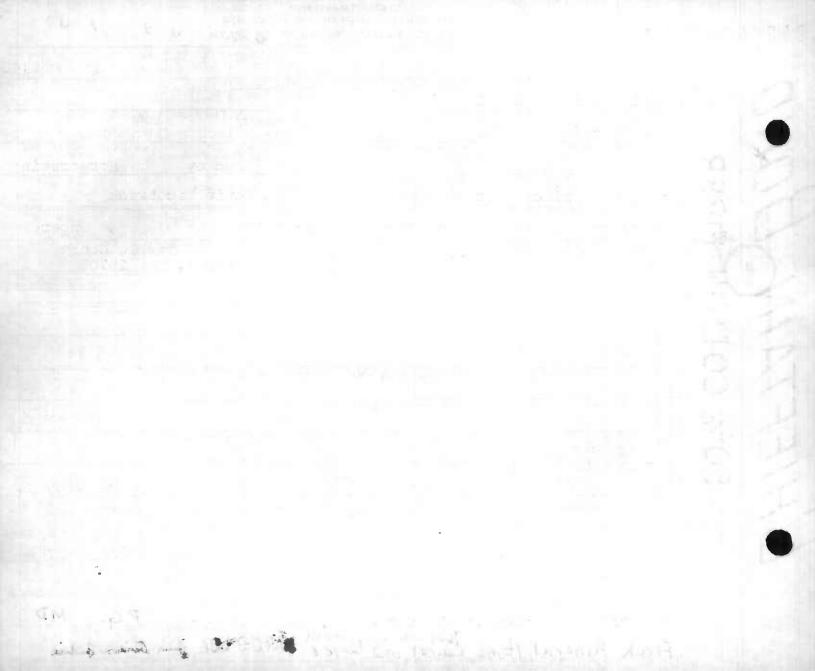
STATE

20747

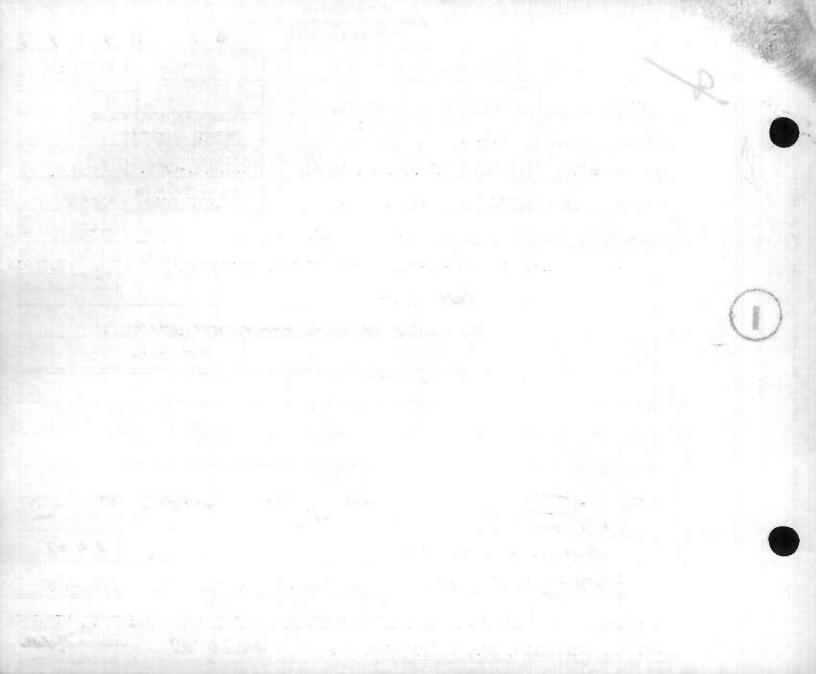
20776

MARK A THE COMMISSION OF STREET

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN XT (TYPE OR PRINT) OF ESTI-DEATH MATED Blaise Stauffer Harrison 3/ 19 87 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX DATE OF BIRTH DATE LAST BIRTHDAY) MONTH PRONOUNCED 12 37 50 YRS white male DEAD 19 87 a M 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ja-BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Pennsylvania USA Prince George's County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Prince George's Cen. Hospital Cheverly Jockey Horseracing USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY | 13d. INSIDE CITY LIMITS | 13e. STREET ADDRESS | NACK | Bowie Racetrack 13a STATE Prince Georges Bowle Marylan A. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Harrison MIDDLE Charlotte MIDDLE Super Stauffer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 14108 Bramble Court (IF YES, GIVE WAR OR DATES) 113 34 4763 Mona Keen Laurel, MD 20708 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Metastatic Lung Cancer ECRTIFICATE, WRITING THE WORD PROUD BE FORWARDED TO THE CHIEF WAS THE CHIEF WHILE STATE DEPARAMENT OF HER STATE DEPARAMENT OF 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 6:05 KM self inflicted wound 3/ 4/ 19 87 21e PLACE OF INJURY JATHOME WHILE AT WORK Pr. Geo. Gen. Hosp., Cheverly, Pr. Geo., Md. hospital room 220. I certify that I took charge of the remains describe HEAD hONLY Autapsy X Inspection Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner SHOULD TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTIMORE, M ACTUAL MD Assistant MEDICAL EXAMINER 3/4/87 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATOR 23d. LOCATION March6, 1987 Balto-Wash. Greme Lie Laurel 07/84 BP Cremation 25M ADDRESS 7601 Sandy Spring Rd **DHMH - 17** Laurelimb (VR A15 ME (5))



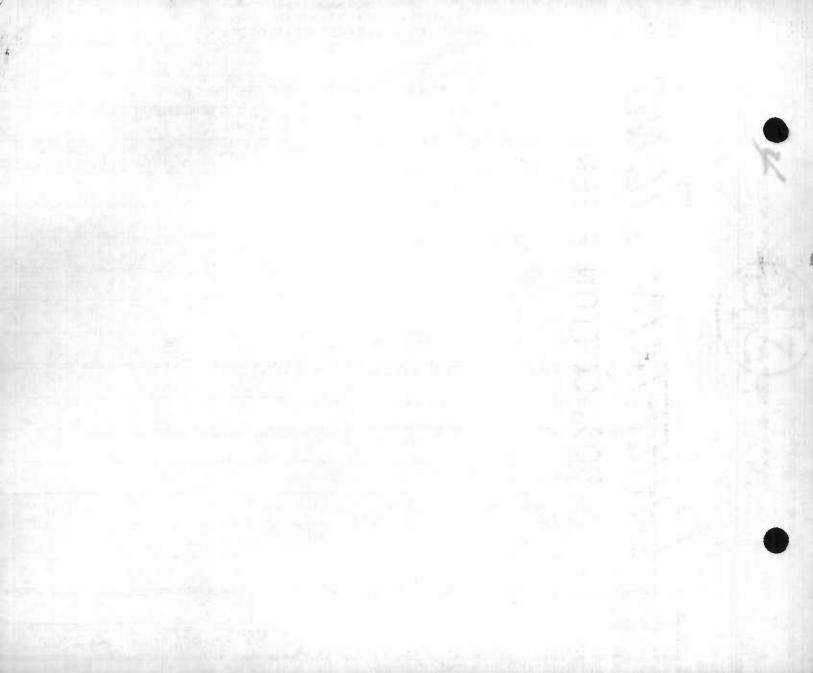
(VRA 15, 4)



0 . 0 0			mn 0 m					ARYLAND					
0466	691		FOR 97			EPARTMENT OF ICAL EXAMIN				Chris 1	0	o i	8 11
			REGISTRAR CEASED NAME	FIRST		MIDDLE	VER 3 CI	ERTIFICAT	E OF DEA	20 DATE KNO	EG. NO	ONTH DAY	YEAR 75 HOUR
ASE SA:	URS EET,		E OR PRINT)	lohn	Lei	wis 3	tem			OF EST	- LEE	2-1	8 7 hour
RY, PLE DIRECT	VITHIN 72 HOURS	3. SEX	Tale W.	Inte.	7 8 1	914 72 6. AGE (IN Y	PAY) MONTHS		DER 24 HRS	PRONOUNCED DEAD	.3	-6 19	8 7 199
JEGESSA JNERAL	3		RTHPLACE (STATE OR PEGN COUNTRY A	7	USA	T COUNTRY?	8 MARRIEI WIDOWE	D NEVER M	ARRIED	Prince			ATH
PELAT IS NEOTO THE FUNITY	S Solv.	S	ry or town of DE Suitland	1	A CON M	TAL, NURSING HOM LITY, GIVE STREET ADDRESS!	ARM	rinstitution Declared	Me Co. p	Mechan	N (TYPE OF WI	ORK 126 KIND OR IN Auto	OF BUSINESS NDUSTRY OMODILE
F ANY D	35	Ma	ryland	DUNTY Pr G	eorge	Parklan	d I	3d INSIDE CITY LIMI YES NO	15? 1325E	ib Parl	kland	Drive	0747
RE, MD.	160		THER'S NAME	14-11-	WIDDIE	Stewart		Maud	e e	MIDDLE		Nea1	л
BALTIMORE, MD. (S AFTER DEATH. II GIVE PAGES 1, 2, ITH FORM PAR. 3,	PAGES 1	16a V	VAS DECEASED EVER ES. NO, OR UNKNOWN) NO	(IF YES, GIVE WA		166 SOCIAL SECURI		INFORMANT Edna M	Stew		Bame	as #13	3
INTERPRESTON ST., E	ALONG WE ALONG WE WIT FEMIL FOR THE MYGIENE, DIT		18 CAUSE OF DEA PART I DEATH V Conditions, Il gave rise to cause (o) statin lying cause lost	VAS CAUSED E IMMEDIATE any, which immediate g the under-	DUE TO, OR A		OF	rubre-t	Esider	ryslul	lvd		OXIMATE INTERVAL IN ONSET AND DEATH
SC SOROS.	S. A. E. A. S. A.	NOI	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	NIRIBUTING TO OFATH 8U	T NOT RELATED TO THE TER	WINAL OISEASE (OR CONDITION GIVEN	IN PART 1 (0)				
SHOULD SRD "PE	PEN HE	CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDITIO	ON FOR WHICH OPE	RATION WA	S PERFORMED?				20 AUT	TOPSY?
PICATE THE W	OULD BI OR TO B	-	21a EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		NJURY MONTH DAY YEA	R 21c HOV	W INJURY OCCU	URRED LENTER	NATURE OF INJURY IN	ITEM 18 PART 1		
DIVISA HIS CERT WRITING	AGE 35- ATE DEP	MEDICAL	214 INJURY OCCUR WHILE NOT AT WORK AT V			INJURY (AT HOME, RY, FARM, ETC.)	21f. LOC/ STR			CITY OR TOWN		COUNTY	STATE
MEDICAL EXAMINER: T COLIT THE CREDICATE, CF A SHOWN HE FORM	TO FUNERAL DIRECTOR: TO FUNERAL DIRECTOR: BALTIMOSE, MARYLAND 2		220. I certily that death resulted from ACTUAL SIGNATU E EXAMINER'S NAM- ITYPE OR PRINT)	-77	Plan		Autopsy vicide , M.D	Homicide TITLE (SPECIF) Deput	Y)MED	Inquiry	D.	TATE 3 C	-6-87
07/84 BP_	AFIL BAL	23a.Bl	IRIAL, CREMATION, PECETOR Cremati	emoval 23b	DATE	23¢ NAME OF CE	METERY OR	CREMATORY	Z3d LC	CATION OR TOWN Suitlan	-	COUNTY	land
25M DHM	AH - 17 5 ME (5))		NERAL DIRECTOR		Wilhelm Maryla	Funera	Home			9 198 75h			

John Long Stevent 3-6 87 29 Willy white i de the will by the the Charles of the continue of the continue of the continue of 2-6-87 The state of the s ALLE THE THE TROP DISSAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH UREGISTRARUNKNOWN #87-31 REG. NO . DECEASED NAME 20 DATE KNOWN F 26 HOUR (TYPE OR PRINT) ESTI WITLIAM HOUSTON DEATH MATED STEWART 3/14/19 87 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED MALE BLACK NOV.21 1964 22 DEAD YRS 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) VIRGINIA UNITED STATES DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) LABORER CONSTRUCTION Temple Hills Oxen Run Park 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN MARYLAND 4869 ST. BARNABAS RD. # T-3 PRINCE GEORGE OXON HILL 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE WILLIAM STEWART SR. BARBARA HOUSTON **JEAN** BASS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS 2120 Alice Ave., Oxon Hill, Maryland #203 216 02 1618 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Gunshot Wounds IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR subjec found shot 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK park Temple Hills Oxen Run Park. TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STYLE BALTHWORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held on Inspection and in my opinian Hamicide X Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED_3/16/87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St Gregory R. Kauffman, M.D. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION nal Suitland Maryland
250. DAT MEC D DY REGISTRAR 250 REGISTRAR SIGNATURE
250. DAT MEC D DY REGISTRAR 250 REGISTRA BURIAL 3/20/87 Washington National 07/84 25M 24 FUNERAL DIRECTOR **DHMH** - 17 Julia Divideon Pandage ALEXANDER S. POPE, 2617 Penn. Ave. S.E., Wash. DO (VR A15 ME (5))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH LAST 2b. HOUR I.IDECEASED NAME (TYPE OR PRINT) March 5, 1987 Vernon Stinnett 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [Prince Georges County WIDOWED . NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Beltsville Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE

130 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Acute Mico Purules Canditions, if any, which gave rise to immediate cause (a), stating underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify tha (1) this hospital) attended the deceased fram____ saw the deceased alive an 3 - 1 obove, (I) we did (did not) view the bady after death. and that in the course apinian death accurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED 22b. SIGNATUR MEDICAL ATTENDING . PHYSICIAN A DIRECTOR PHYSICIAN Louis Sternber

DHMH - 16 60M 7/B4

0

(VRA 15, 4)

iof-transit per

8

à

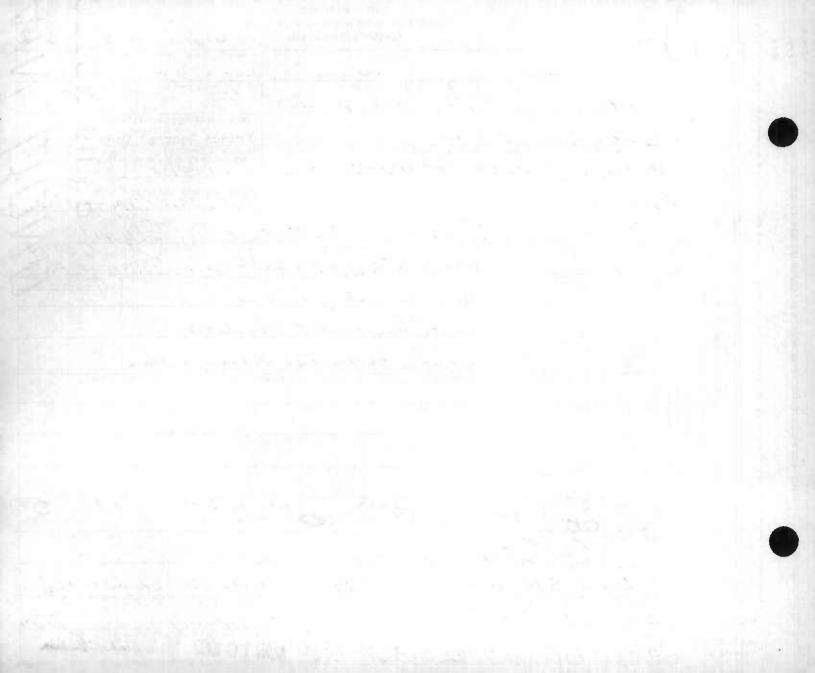
P

MPORTANT d b

FOR

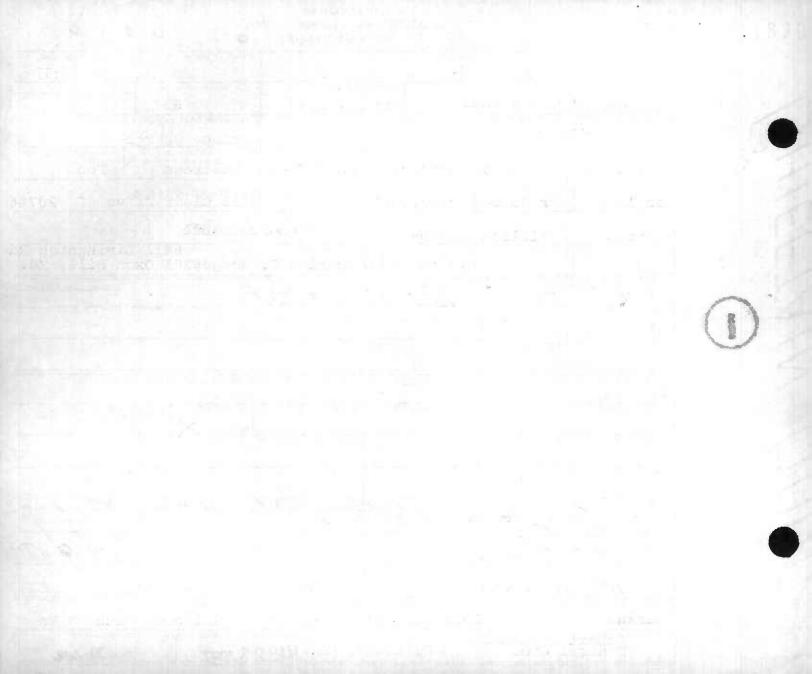
24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

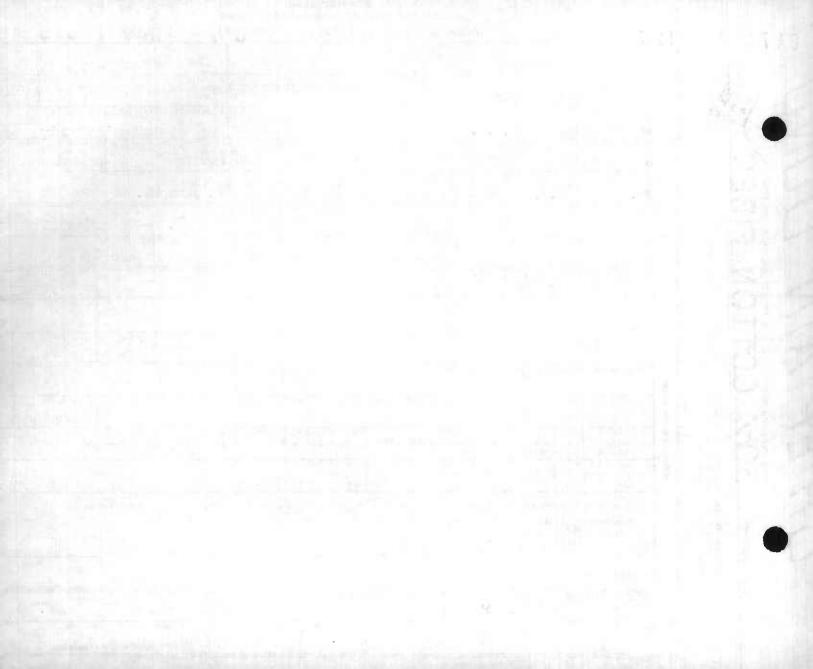


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR DECEASED NAME (TYPE OR PRINT) John 4 RACE IF UNDER I YEAR IF LINIOF R 24 HPS 3-5EX HOURS Caucasian - 18 **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Washington Prince Georges U.S.A. 126. KIND OF BUSINESS OR ILLUY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) Navy Dept. Carroll Manor Nursing Home Hyattsville Engineer SUAL PESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION No COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 20902 612 Hudo Rd Maruland ilvon Snriv Mantaamery A FATHER'S NAME MIDDLE Kinedy Edith William Stone **ADDRESS** 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 533-16-9034 Anne Stone wife #13 same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause perdine for tay, (b), and (c) PART I. DEATH WAS CAUSED BY sease Severa IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 71e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital attended the deceased from Fobruary 26198 saw the deceased alive an_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated above (1) (we) (did) (did not) view the bady after/death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 NAME OF CEMETERY OR CREMATOR 23a BURIAL, CREMATION, REMOVAL 23b DATE March 9,1987 Parklawn Cemetery Burial Rockville Montgomery Maryland Francis J. Collins, Jr. DHMH - 16 50M 4/83 500 University Blvd. West. Silver Spring, Md. (VRA 15, 4)

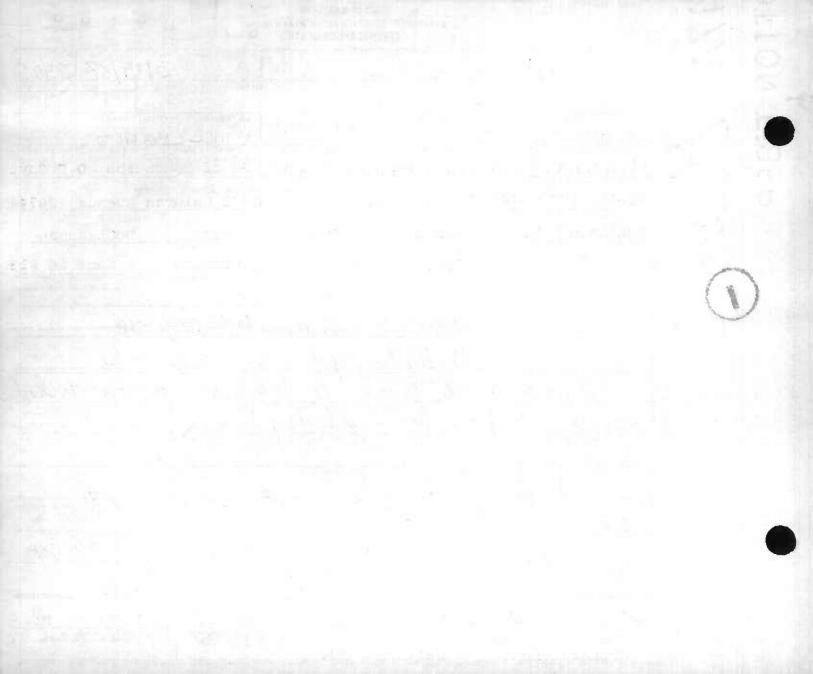
Mara Silery



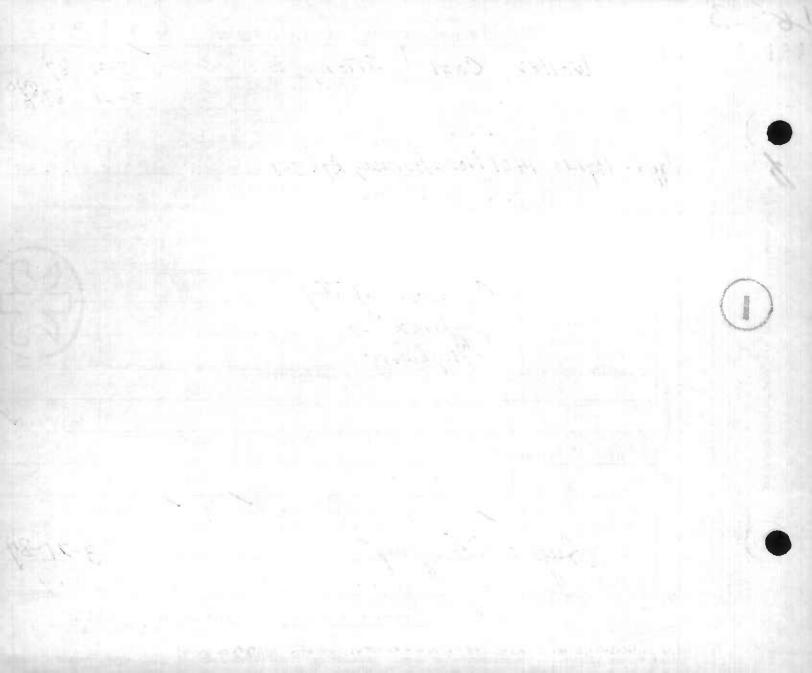
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 O REGISTRAR I DECEASED NAME 20 DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-DEATH MATED 3-12-87 19 STRALEY VIRGINIA 4 RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 1:08a 7-12-49 37 DEAD White YRS TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) West Virginia
ID CITY OR TOWN OF DEATH U.S.A. WIDOWED DIVORCED Prince George's County HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY blk rhode Island Avenue Housewife private College Park USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) P.G. 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 9203 50th PL. College Park Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Creola Paul Davis Barker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** LIE YES GIVE WAR OR DATES! 232-84-0072 Same as above Husband 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARDANT OF HIBALT, MARYDAND, 21201 PRIOR TO BURIAL, YES Z NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR driver of a motorcycle/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Prince George'S, Co. 10000 blk. Rhode Island driveway of Maryland 22a. I certify that I took charge of the remains described above, held on Homicide Undetermined manner Assistant DATE 3-13-87 ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M. Dodgess (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION Fairfax Va. Alexandria cremation 3-16-87 Metropolitan 07/84 Rd 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M Funeral Home Honess 4400 Powder Mill Beltsville and . **DHMH - 17** (VR A15 ME (5))



47835 MA		FOR -STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HY	8 /	0 9	1 8	Ó	
noy be page 3	1 DE	CEASED NAME OR PRINT)	FIRST	16.10	STRIE	TZ	AST	REG. NO. 20. DATE OF DEATH MONTH DAY, YEAR 26 HOUR 3/14/87 3:40				
ector.	3. SE	emale		4 RAC Whi	.te	May	13 PAY 1921	65 AGE (IN YEARS LAST BIRTHDAY)			THE IF UNDER 24 HRS	
death. Por un 72 hou atonce.	W	RTHPLACE (STATE OR FO COUNTRY) ashington	DC	USA		MARRIE		Prince	OR COUNTY		MD.	
201 Dy he fried with		Clinto	N	SOUTH	ETN TVO	ADDRESS)	Nd Hospita	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Bd of E	TION of Working Lif ducat	126. KIND OF INDUSTRY	F BUSINESS OR C GOVT	
AND 212			Pr	Jeorge	Temple	E ADMISSION) /N Hill	THE RESIDENCE OF THE PARTY OF T	13e STREET ADDRESS 6901 Wald	zip cobe dran	Avenue	20748	
oted within completely 1 and 2 sh		Archibald	1 7		Dixon	9.5	Virgie	Mary		McClan	ahan	
TIMORE be execu	Tán V	VAS DECEASED EVER 10. HOOR UHKHOWNI NO		MED FORCES? 1 WAR OF DATES!	577-209		Walter Ler	oy Striet:		Same		
the death certified the otter than the motion. Setting the motion is setting on the motion.		Conditions, if any,	which ediate	DUE TO O	abdom	INCE O	carernon	rest april-la	rgeces	METHORISM D	KATI RUTEVAL PURT AND USAYN	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death costs in the executed within 24 ottending physician. (Iter this certificate has been signed by the otter costs on a completely filled as the buriol-transit permit. Then please remove in banacient ages in ad 2 should the and Aental Hygiene prior to buriol, cremation. Iterminal	CERTIFICATION	PART 2 OTHER SIGN	EXCANT O	1 10_	the 6	REALH BUT	PLACE INC. INC. INC. INC. INC. INC. INC. INC.	MINAL DISEASE OF GOVERNMENT OF THE PROPERTY OF	700 IF YES	EN IN PART TO ONCO WERE FROM YING CAUSES	CALLESTON GS USED	
ON OF VITAL YSICIAN: The fing physicion is certificate he viriol-tronsit variol-tronsit variol-tronsit rem 18 hose	MEDICAL CERTH	214 ACCIDENT WAS UND OR CONTRIBUTING CC (IN EITHER, NOTHY MEDIC 214 INJURY OCCURR	AUSE OF DEA	HOUR A.	M. MONTH D. M.	AY YEAR	THE LOCATION	PRRED (ENTER NATURE DE N	VE UNIV PARTIES IN N	S C	но 🗆	
DIVISIG NDING PH all or otten all or otten use os the use os the teelth and is marked as	ME	22a 1 certify that (1)	this hospi	(at HOW), sit	e deceased from_	2-	30H19	1 10 3- 1	4	and the second s	that (1) (we) last	
HOSPITAL OR ATTE		sow the deceose obove, (1) (we) (d 22b. SIGNATURE 22d PHYSICIAN'S NA		2	ofter death.	/	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	AFF.	22c. DATE S		
TO HOSPITAL retained by 1 TO FUNERAl should be de with the State IMPORTANT		URIAL, CREMATION F	HZ/	23b. DATE	106, 1	1.9 NAME OF C	635 EMETERY OR CREMATORY		20	745		
BP		Burial INERAL DIRECTOR		17Mar		edar	Hill Ceme		land	PG	Md IRER	
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME ROBER NAME ROBER	al F	NTTUET	ADDRESS Suit	land	, Md.	AK I 9 1987	Julia L	ARS SIGNAL		



11.	13	1	500			STA SEPARTMENT OF		ARYLAND	HYCIENE			0 /
10	10	1-	FOR STATE REGISTRAR			DICAL EXAMIN			275	0	9 1	8 /
491	ES. C		CEASED NAME PE OR PRINT)	Walte	- 1	auf	Sm	ing, S	2a. D	ATE KNOWN (DF ESTI- ATH MATED (3-21	19 87 M
3	DIRECTO DIRECTO OUR FIL 72 HOU ON STRE	3 SE		Black	Oct. 19	, 1924 AGE (IN Y	PAY) MONTH		MIN PROM	DATE NOUNCED DE AD	3-21	19 87 87 M
•	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. ED. WITHIN 72 HOURS W. (PRESTON STREET,	7 a. B	IRTHPLACE (STATE O	Miss.	76. CITIZEN OF WH		8. MARRI WIDOW	ED X NEVER MAR	RIED	ince G	eorge'	S MD.
1	PACE S PORTER OF THE PURPLE FUNDS OF THE PURPLE S PORTER	Ca	pt. Ite	W/S	11. NAME OF HOS	ova Avan	NE, OR OTH	Aut 301	FOR MOST C	CCUPATION (TY F WORKING LIFE) U.S.Ai		KIND OF BUSINESS OR INDUSTRY
21201	AND 3.1	13s.	Md.	HIRE COUNT	P.G.	Cap. Hgt	S.	134 INSIDE CITY LIMITS?		Nö∀a A	ve. X	20743
RE, MD.	EATH. F	1	ATHER'S NAME		WIDDLE	Strong		15. MOTHER'S MAII Eunice		WIOOFE	Thom	nalsī
ALTIMO	S AFTER E GIVE PAC ITH FOR PAGES 1 IVISION		WAS DECEASED EV (ES, NO, OR UNKNOWN) Yes	(IF YES GIVE Y	NED FORCES? VAR OR DATES) TI	569-30-8		Annie I		rawford St.		
Z	S N	Г	18 CAUSE OF DEATH (Enter only one cause per Ine for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. A.A.C.O.)								E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N. PHE	WITH HYG		Conditions, if ony, which gave rise to immediate cause (a) stating the under-									17.1
105.201	XECUTED VG" IN P CAL EXA BURIAL AND ME WITON		PART 2 OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In									
600	AZA A	NO I	19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED?								T.	
VITAL	SHOUR CHIEF CHIEF SE USED SORIAL,	CERTIFICATION										YES NO B
DIVISION OF VIT	MRITING THE WORD " WRITING THE WORD " ARDED TO THE CHIEF AGE 3 SHOULD BE USE! ATE DEPARTMENT OF H IZOI PROR TO BURIAL		210 EXTERNAL C. UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M.	. MONTH DAY YEA	AR	OW INJURY OCCUR	RED LENTER NATUR	OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
DIVIS	THIS CER' WRITIN WARDED PAGE 3 SI TATE DEP	MEDICAL	21d INJURY OCC WHILE NORK AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	СПУ	OR TOWN	COUNTY	STATE
	MNER: T FICATE, E FORW CTOR: P H THE ST UAND, 2		22a. I certify the		e of the remains desc	cribed obove, held an	Autap	y , Inspect	Undetermin		and in my opinio	in
	AL EXA HECERT HOUID TAL DIRE		ACTUAL SIGNATURE	Aug	ung PX	July ne	1	Deputy	MEDICAL	EXAMINER	DATE SIGNED	3-21-87
	TO MEDIC EXECUTE 1 PAGE 4 SI TO FUNEI AFTER DEA	1	EXAMINER'S NAM	wugi		odriguez, 1		ADDRESS 5009			emple Hi	lls, MD
07/84		23a.	URIAL CREMATION	NREMOVAL 2	3/25/87	23c. NAME OF C		R CREMATORY	23d LOCAT CITY OR TO	ION WN CKS-0 N	COUNTY	SS.
25M	DHMH - 17		UNERAL DIRECTOR	R					E REC'D. BY REG		/	
	(VR A15 ME (5))	4	. S. WKSHI	46764 4	20HS 49	25 BURKO	CIENS.	unt we	MAR 27	987	in Dinder	n. Pardasa



STATE OF MARYLAND

FELL WAS DEED TO THE PARTY OF T

4/10

Maryland

Suitland

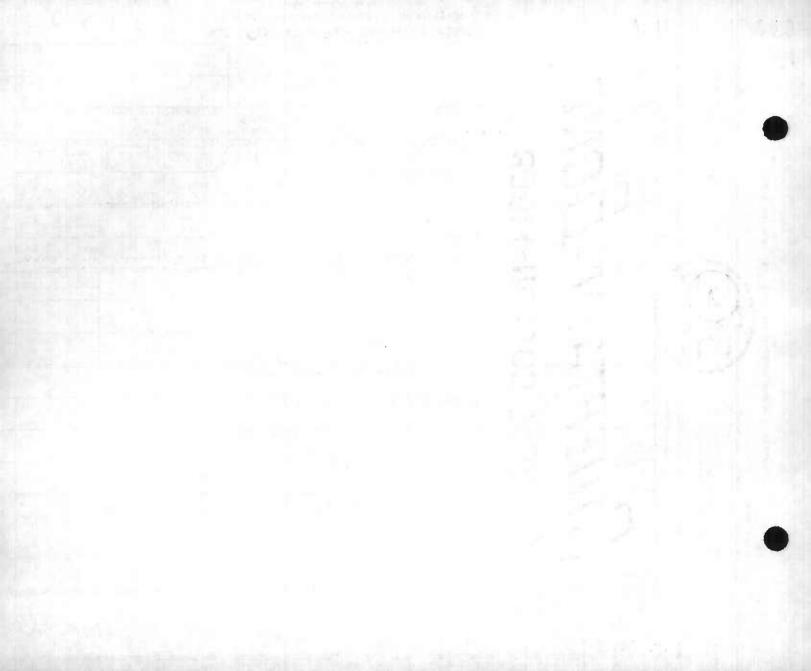
DHMH - 16 60M 7/84 (VRA (5, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -ISTATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 28. DATE KNOWN X MONTH 25. HOUR (TYPE OR PRINT) UCIAT IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR.

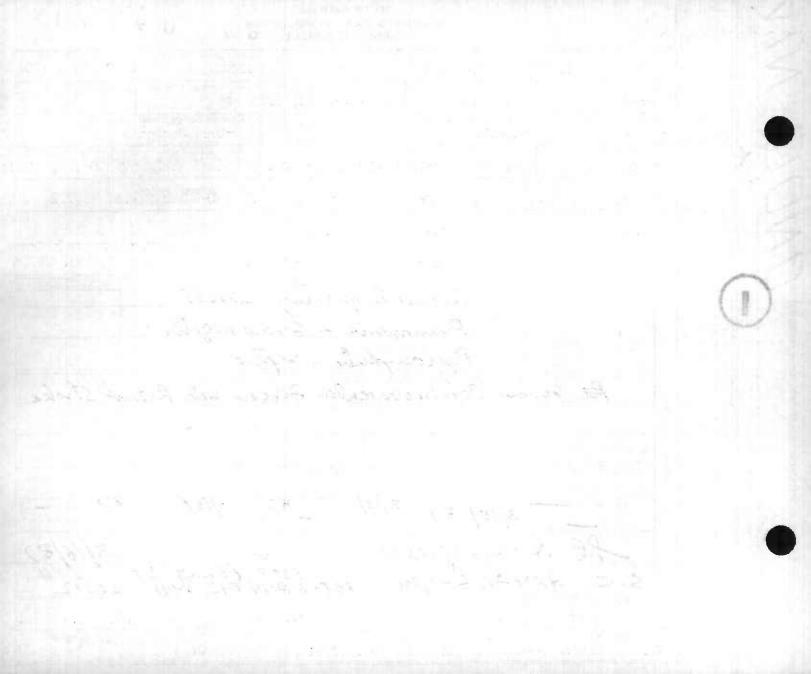
PAGE 5 FOR YOUR FILES.

BELLED. WITHIN 72 HOURS

S. 20 W. PRESTON STREET. OF ESTI-Rosa Swanson DEATH MATED 1987 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 29 HOUS LAST BIRTHDAY PRONOUNCED PM FEMALE. DEAD 3/ BT.ACK AUGUST 29 1949 1987 BIRTHPLACE (STATE C 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X GEORGTA" U.S.A. Prince George's County, WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Gler. Arden 3040 Brightseat Rd. COMPUTER AID GOV'T USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS LANDOVER 4030 BRIGHT SEA RD NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ERNEST FIRST MIDDLE KETTI ES EMMA LOU STILEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) WASHS N/A 260-07-7895 GERTUDE KETTLES 1204 TRENTON CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Necretizing Bronchepneumonia IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Chronic Alcoholism with Fatty Liver, Malnutrition and Dehydration 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M TIE PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE TO FUNERAL DIRECTOR PAFTER DEATH, WITH THE SHOWNER, MARYLAND X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 3/4/87 EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS lll Penn St. TYPE OR PRINT) PA O 230, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURTAL. 3-11-87 HARMONY MEMORIAL PARK 07/84 BP PG LANDOVER MARYI AND 25M 24 FUNERAL DIRECTOR REGISTRAM'S SIGNATURE **DHMH - 17** J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD (VR A15 ME (5))



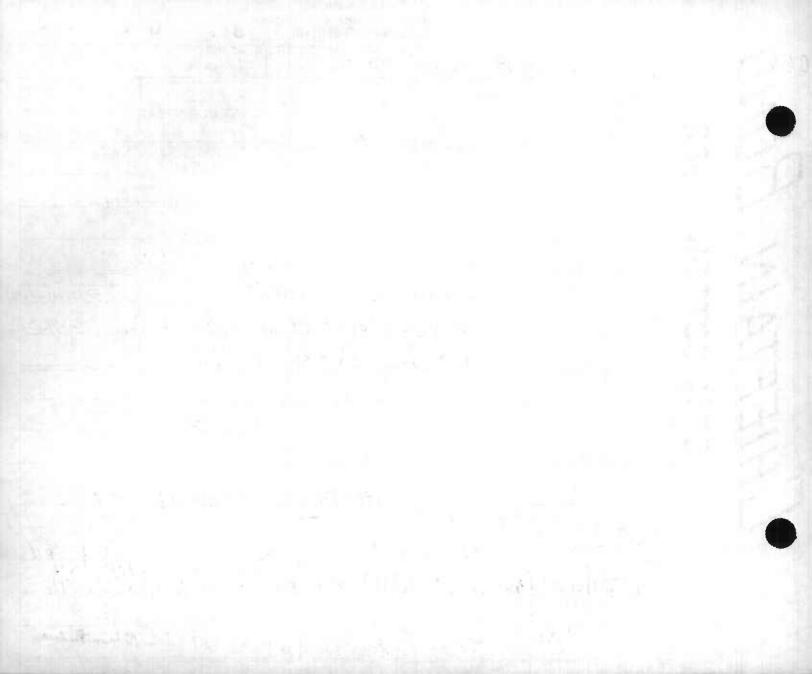
8619 843 30	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		9 1 9 1				
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	10				
deot	EDI		SWIM	MARCH 16	M				
ge 4 mc ector, p rs after	Female	Caucasian	September 20,	8 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.				
nerol dir in 72 hou	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Canada	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Prince Leani	DUNTY OF DEATH				
1	Lanham	Doctors Hospit	ADDRESS) of Pr. Geo. (N 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK	176 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
AND 212	Maryland 136 CO.	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY G. Brentwo	od 13d. INSIDE CITY LIMI	3708 Upsnur	Street 20722				
maryl ted within ompletely soud 2 si	Charles	T homa		Frances	Smith				
n and co	NO WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 578-50-2			85 Good Luck Road abrook, Md. 20706				
that the dear certified by the office of the open certified of the office of the open certified of the open ce		DUE TO, OR AS CONSEOU (c) DUE TO, OR AS CONSEOU (c)	ence of morria - G	ram negetie eptie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DIVISION OF VITAL RECORDS, 20 ING PHYSICIAN: The low requires r offending physician. Wher this certificate has been signed as the burial-transit permit. Then pli th and Mental Hygiene prior to buria orked acr them? 8 shown any injury, o	7 2 0	CONDITIONS CONTRIBUTING TO COVERN CONDITION FOR WHICH	OVACULOS DO OPERATION WAS PERFORMED	YES NO	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO				
G PHYSICIAN; T offending physici er this certificate is the burial-trans; and Mental Hygi ked at Item/18 sh	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH D	19 211 LOCATION	CCURRED {ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2) COUNTY STATE				
L OR ATTEND The hospital or DIRECTOR. A rocked for use E Dept of Heal if Hem 21 is m	220.1 certify that (I) (they has sow the deceased alive of	pridi) ottended the deceased from 3/15 19 not) view the body ofter death	DEGREE ATTENDI	ornion death occurred on the date o	nd hour and from the couses stated 22c. DATE SIGNED				
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store	274 PHYSICIAN'S NAME (TYPE)	RYANGAT,	W MT. R	AN PERRY ANNERS MI	57 20712				
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		ort Lincoln Cemetery or CREMAT		P.G. Maryland				
DHMH - 16 60M 7/B4 (VRA 15, 4)		Sons Funeral Ho	ome, P.A. 25	MAR 2 6 1987	/				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 4 7 1 2 0 MAR 19 銀行 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECLASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-Allen DEATH MATED James Szurek 10 87 S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 2c. DATE 3:45 LAST BIRTHDAY PRONOUNCED Caucasian Oct. 8, 1961 Male 25 DEAD 19 87 am TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Prince George's County MD West Germany WIDOWED DIVORCED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) OR INDUSTRY Prince Gec. General Hospital Cheverly Contractor Wallpaper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 134 STREET ADDRESS 13a STATE 136 COUNTY 13c. CITY OR TOWN Maryland Prince Georges 9240 H Bridle Path Lane 20707 Laurel NO IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Ettie Anthony Szurek Marion 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Mother (IF YES, GIVE WAR OR DATES) 4405 Bermuda 228-68-8961 No Marion Szurek San Angelo. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Gunshot Wound to Left Chest IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 101 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE US BARTMENT OF RIOR TO BURU YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH, DAY UNDERLYING X OR 2:35AM subject shot CONTRIBUTING CAUSE OF DEATH 3/ 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK home 9240 Bridal Path Lane, Laurel, Howard Cc., Md. 220 I certify that I too grae of the remains described above held an Autapsy Inspection and in my opinion Hamicide X death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/7/87 M.D. Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT) 111 Penn St **ADDRESS** 945 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE 10 Mar 87 Lawnhaven Memorial Gardens, San Angelo, Burial 07/84 BP Texas 25M 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE **DHMH - 17** Capitol Funeral Service, Falls Church, VA (VR A15 ME (5))

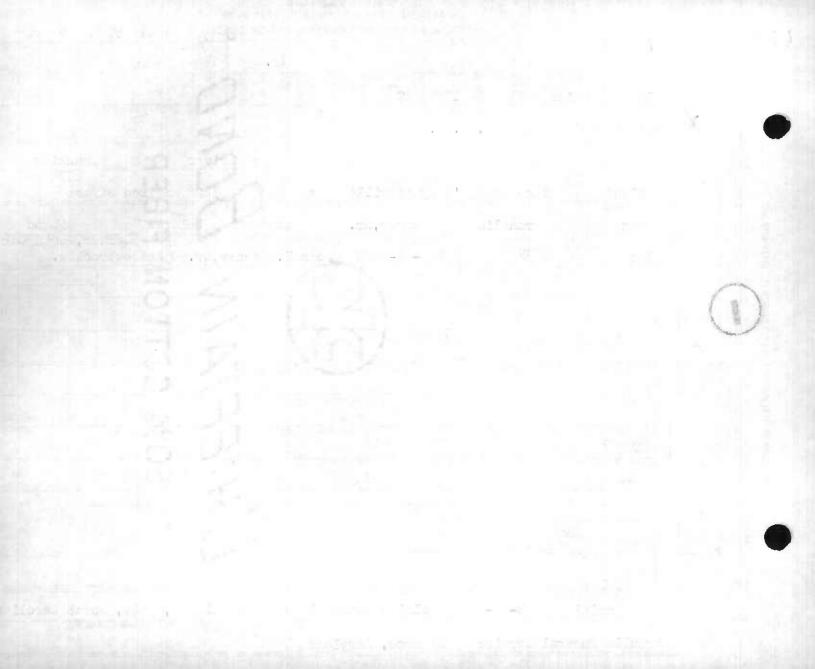
Tongo Flating and the second s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 1. DECEASED NAME 76 HOUR (TYPE OR PRINT) 10 BUTLER Mary March 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY! Black MONTH YEAR temale May 1886 10 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Leonges CountyMD WIDOWEDK DIVORCED T IN CITY OR TOWN OF DEATH ahham Lurdens Warsing Hom Housewife 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 73 Hawaii Ave. Washington D.C. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sv Binns Catherine Farrell 17 INFORMANI Hawaii Ave., N.E. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 4738 Doreatha Johnson-daughter no 18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, il any, which gave rise to immediate cause (a), stating the underlying cause last. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [NO I 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IE EITHER NOTIEY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a | certify that | 1) (the hospital) attended the defeased from saw the deceased alive an and that in (my) apinian death accurred on the date and have and Iram the causes stated 22c DATE SIGNED ATTENDING 22 ADDRESS 230 BURIAL CREMATION Washington, Georgia Burial Gibson Baptist church 1087 Lilia Dender Com DHMH - 16 60M 7/B4 Stewart Road NEAR uneral (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR.
5. FOR YOUR FILES.
WITHIN 72 HOURS Tawney, Jr. JOHN F. 1319 87 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 9:86 1959 Male White 11 27 DEAD YRS 13198 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia U. S. A. DIVORCED WIDOWED Prince Ceorge's County O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Driver Trucking Riverdale Leland Memorial Hosp. 20782 130 STATE 113b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Hyattsville 3202 Madison Street YES X Maryland NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST SIDDIM MIDDLE LAST FIRST Gibson Ruby John Franklin Tawney . Sr. Delores 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Garner, North Car 258-96-0683 John F. Tawney, Sr. 505MeadowbrookDr. Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of abdomen DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [TIME OF INJURY
HOUR AMAMONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 FOR UNDERLYING CONTRIBUTING CAUSE OF DEATH 7:55 M. 3-13- 19 87 Self-inflicted 21e PLACE OF INJURY (AT HOME. THE LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK (truck) 3599 East West Hwy., Hyattsville, Prince George EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR IN
AFTER DEATH, WITH THEST
BALJMORE, MARY IAND 3 Autopsy X MD 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 3-14-87 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 3-18-87 Raleigh National Cemetery Raleigh, Wake, North Carolina Burial 07/84 SO DATE DEC B BUSS STRAR ZILLREGISTRARS ENGALTURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Marzullo Funeral Service Upperco, Maryland (VR A1S ME (5))

STATE OF MARYLAND

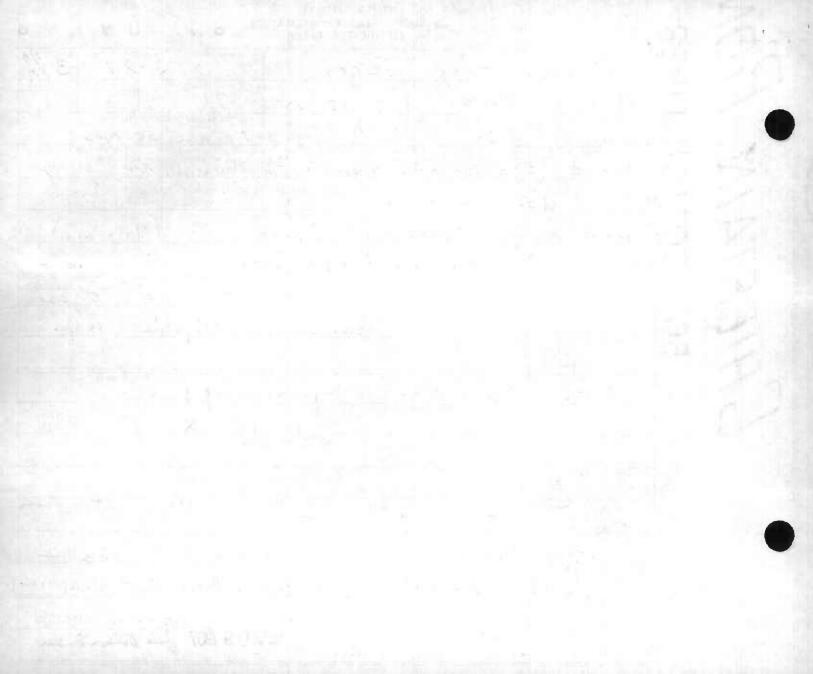


	1					STAT	E OF MARYLA	IND					
	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH					GIENE Q 7 O O O O O				
		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO		9 !	7 3
8 0 7 3 MAR 24		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DE	EATH /	MONTH C	DAY YEAR	26 HOUR
y be			Gary	C.	Taylo	r			March_	17,	1987		M
in the second	3 SE	(4 RACE		5. DATE (YEAR	6. AGE (IN YEAR	S LAST BIRTI		IF UNDER I YEAR	IF UNDER 24 HRS
ge 4		Male		Caucas	sian		ist 31,	1931	55		YRS		
1 12 69		RTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MAPPIE	D T NEVER M	AARRIED T	9 BALTIMORE	CITY OF	R COUNTY	OF DEATH	
1 1 9/		New York		USA		WIDOW		ORCED	Pri	nce	George	es	MD.
1 1 1 1 1	10 C	TY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INST	ITUTION	120 USUAL OC			12b. KIND O INDUSTRY	F BUSINESS OR
10 miled who	B	owie		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12423 Madeley Lane					(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Economist . US Gov t				
212 Phown	USU.	AL RESIDENCE (IF NO	ISING HOME OF	ROTHER INSTITUTION	13c. CITY OR TOW		13d INSIDE CI	ITY LIAMITS2	13e.STREET ADI	DPESS /	7IP CODE		
ND 22		ryland		e Georg			YES XX				elev		20715
or than the last 1	14. FA	THER'S NAME		WIDDIE	LAST		15. MOTHER'S	MAIDEN NAM		MIDDLE		LAS	
BALTIMORE, MARYLAND 21; cate be executed within 24 hou sysician and completely title opers. Pages 1 and 2 shruld b wal. 11, the medical examine			rles	E.	Taylor			Anita			weige:		JI Company
d co		VAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMAL	NT		ADDRES	SS		
MORE e exec pages medica	(YES, NO OR UNKNOWN)	Kore	cean 056-28-9436			Rita R. Taylor same as 13e						
ALT ne b siciol pers.		18 CAUSE OF DEA	ATH (Enter or	only one cause per line for (a), (b), and (c)				APPRO BETWEE			APPROXI	MATE INTERVAL ONSET AND DEATH	
T., B		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MAKEDIATE CAUSE (a) Metastatic carcinoma of colon								-	yrs.		
N S													
STO		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (1b)											
#		gove rise to in	mmediate	100		NICE OF							
× 4		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF											
NG PHYSICIAN: The low requires that edge mitter this certificate has been signed to the buriol-transit permit. Then pleas maked or them 18 shows only injury, or other traumatic ever orked or them 18 shows only injury, or other traumatic ever		PART 2 OTHER SIG	GNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR COND	DITION GIVE	EN IN PART 111	D'
RDS,	S S												
Bony ony	CERTIFICATION	19a. DATE OF OPER	RATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			RMED	20a AUTOPSY? 20b. IF YES,			, WERE FINDINGS USED		
A Pos	E E							YES NO YES				ING CAUSES OF DEATH?	
VITA N: The Procession of the New Shops	E E	21a. ACCIDENT WAS U	INDERLYING		DEUNJURY		21c. HOW IN.	JURY OCCURR	ED (ENTER NATUR	-	Y IN ITEM 18 PA	ART T OR PART 2)	
OF CLIAN		OR CONTRIBUTING	_	11011		YEAR							
ON OF HYSICIA Inis certif buriol-t Mental	MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY		211 LOCATIO	N			***	COUNTY	
VISI G Py creer of the and ked a	×	ALWORN CO. NO.	would []	(AT HOME, ST	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET		(CITY OR TOV	NN A	COUNTY	STATE
D DIN Or of Aft of the more more and the mor		22s.1 certify the	Dishire from	ttel) attended ti	he deceased from_	101	29	19 8 3	to	21	10	19 82	that (I) Getlast
TEN TOR OF H		saw theyar	Volume in	3//	19	7.	nd that it (my)	opinion o	death accurred a	on the do	te and hour	and from the	couses stated
REC REC		27h SIGNATURE	-	7 /	offer death.	11000	DEGREE					22c. DATE	SIGNED
The Day		1/1/	14/1	OVO	10 IIIM	11	NICA A	TTENDING	MEDICAL DIRECTOR	STAF	F	3/	10/0
HOSPITAL (ned by the FUNERAL II FUNERAL II FUNERAL II FORTANT: IF	1	226 PUTSICIANIS	HAME LINE	OH (MID-IC)	wing	4	H. ADDRESS	S	PINECTOR	FITTSICI	IMIN []	1/1	99
エミーラーク		Thom	115 1	4 Bon	Lindor	~ (75,05	Green	nuay (te.	DC. 1	Sreach	oft mi
Of of MA	23a F	URIAL CREMATION	N. REMOVAL	23b. DATE	23, 1	NAME OF	EMETERY OR C		73d LOCATK			- GIRE	21,110
BP		SPECIFY) Crema	,		.8 1987 Me				CITY OF	TOWN	rie 1	Virgini	STATE
	24 FI	INERAL DIRECTOR		120	4 / 16000	Anna	molim F	Rd 250 DATE	REC'D_BY REG	ISTRAR	25h REGISTI	RAR'S SIGNAT	LIRE
DHMH - 16 60M 7/84	B	eall Fune	ral H	ms (50)	ADDRESS BOWN	. Men	wland	MA	R 2 3 19	87	Julia .	Divider.	Randalli

tivon U calmono. enal delical circ. Light State N. Holder . S. Holder . S. Britan and the first and action . The second of the 188 and 1 . The transfer of the second o Tanti sateral 1987 & Branch - Propher Company of the Sign Large and Line 1

	1			STATE OF A	MARYLAND				
2700 1110	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTI CERTIFICAT	H AND MENTAL HYG E OF DEATH	IENE 8 REG. NO	0	9 1	9 6
age 3	T-DE-	CEASED NAME FIRST Michael	.1 Gray	Ter	ry	20. DATE OF DEATH	2-8	7	3 PMM
ge 4 ma) ector, pa	3. SE	× Male	White	5. DATE OF BIRT	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS MIN.
neral dir.		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Prince	Ged		MD.
of the fe	10.C	ry or town of DEATH	NAME OF HOSPITAL, NO SUCH FACILITY, GIVE 50) 5 54 +4	URSING HOME OR OTH STREET ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE)	INDUSTRY	business or
filled in filled in filled in		AL RESIDENCE IN NUR. OF	OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR H 44	JOWN 13d. I	NSIDE CITY LIMITS?	5015 54th	ZIP CODE Avenu €	2078	31
and within	14. F/	Ahdrew	MIDDLE TEX	15. M	OTHER'S MAIDEN NA	MIDDLE	(ch	Khow	1
be execut		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES GIV	MED FORCES? 166 SOCIAL 579	12-6308	Ruth Tel	rry, Spouse	e, Same		
pthy and a strong		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per line far (a), (ED BY: TE CAUSE (a)	by andicion	the live	in a Vai	als	APPROXIM BETWEEN OF	MATE INTERVAL INSET AND DEATH
e death ce may cath		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF CHA	m alaba	on and Hype	the	10	hs.
se that the red by the please re prial, creat, an ather		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS		RELATED TO THE TERM	UNAL DISEASE OR CON	DITION GIVEN	IN PART 1/a	
been sign mit. Then prior to bu	ATION	19a DATE OF OPERATION	+ Agent P	cepes: i	Hepapren	0 6	120b IF YES, W	VERE FINDING	GS USED
ne per	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c	HOW INJURY OCCUR	YES NO	YES [randel	OF DEATH?
Add the Co	MEDICAL C	OR CONTRIBUTING CAUSE OF DEL TIF EITHER NOTIFY MEDICAL EXAMINET		1 DAY YEAR	LOCATION				
DING PHYSIC ar attending After this cer is as the buria alth and Ment marked ar Iter	WE	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospi	[AT HOME, STREET, FACTORY O	6	STREET	city or to	2 10	COUNTY	STATE
R ATTEN(haspital IRECTOR. hed for us ept. of He them 21 is us		saw_the deceased alive on	A -A-	CA		death accurred an the de	ate and have a	nd from the c	
0 0 0 0 0 4		22d PHYS JAN S N JONE (IVPE	CAMUL		ATTENDING PHYSICIAN ADDRESS	MEDICAL STAI	F IAN 🗆	2/3	17
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT:	200	STAR	LC. Mrsl	nel 5	806 Bal	Trad LOCATION	Hyat	(alley)	10 2087
BP		BURIAL, CREMATION, REMOVAL ISPECIET Burial	3-5-1987		n Cemetery	Brentwood			
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR France 739 Baltimore Av			81	1987 AR	A PEGISTA	RSSIGNA	RE

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI GErtrude DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY AONTH5 PRONOUNCED DEAD 59 A BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS U.S.A. S.C. DIVORCED Prince George's WIDOWED Q LE CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Camp Springs OWHOHOMe Hömemaker SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20747 30. STATE Forestville 1136 COUNTY 13d. INSIDE CITY LIMITS? Md. G. NO [] Hil-Mar Dr. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE OTHE Isaacs Missouri Sam 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 13 above 578-28-3252 Arthur Thomas-Same as # NO 18. CAUSE OF DEATH (Enter only one couse populine for (o), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: rectick IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT YES [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: A Natural causes Accident Suicide Homicide Undetermined monner EXECUTE HE CERTIFIED BY PAGE HOULD BY TO FUNERAL DIRECTORY WITH BASE HOW TO BE AFTER DEATH, WITH BASE HOUSE, MARYI TITLE (SPECIFY) SIGNATURE Denuty MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) _ADDRESS 5000 Rayburn Ct Augusto P. Rodriguez, M.D. Temple Hills, MD 236 BURIAL CREMATION, REMOVAL 73d LOCATION 3/18/87 CHAPEL CH.CEM. MUIRKIRK, P.G., 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 RECUSTRAR'S SIGNATURE **DHMH - 17** H.S. WASHINGTON + SONS 4925 BURROUGHS AVE. ME. (VR A15 ME (5))

7,000 1500 More LAKE M. Court There will be married to the said 2

(VRA 15, 4)

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

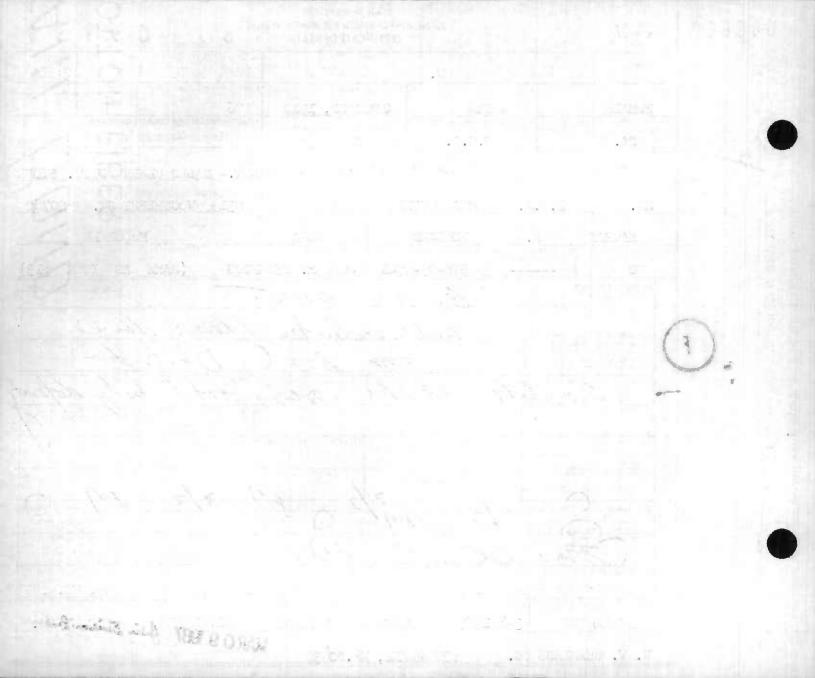
ENE	8	REG.	NO.	0	9	i	9	7 "
2a. D/	ATE OF	DEATH	MONTH	D	PAY	YEAR	26. HOUR	ī
			0	10	0 =		0 00	

010000		FOR an	gan.		E OF MARYLAND IEALTH AND MENTAL HYG	HENE							
046668	114	\$TATE REGISTRAR	DEF		ICATE OF DEATH	8 REG. NO. 0 9 1 9 9							
		EASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH MO	NTH DAY YEAR	26. HOUR					
oy be	(TYPE	OR PRINT) EL	ZABETH W.	TH	OMPSON	MARCH 3	1987	9:30A M					
moy pager de	3 SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS					
ctor.		FEMALE	WHITE	MAR		76 YRS. MONTHS DAYS HOURS MIN.							
Pog dire		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY2 8	D NEVER MARRIED	9 BALTIMORE CITY OR C		2 - 13					
nerol n72	C	PA.	U.S.A.	WIDOWE		Prince Geo	orge's	MD.					
3/20	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME C	120 USUAL OCCUPATION								
Par les		Lanham	Doctors Hosp	oital of	Pr. Geo. Co.	RET SALES		T. STORE					
hour d in l be	130. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZI	IP CODE	Tribulation of					
Range of the state		Md. P.G.			YES X NO	2315 WOOD	BERRY ST.	20782					
NE A 2 september 12 september 1	14 FA	THER'S NAME FIRST	WIDDLE LAS	ī	15. MOTHER'S MAIDEN NAM	WE	1.45	ST					
Hed on on the			WILLA		CORA		McCORKLE						
XAI xecul		VAS DECEASED EVER IN U.S. AR/	E WAR OR DATES]	SECURITY NO.	17 INFORMANT	ADDRESS							
EX be exc		NO	578-c	5-5761	JOAN M. THO								
AL cote		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per line for a), (b), and ici	0.1100	A	BFTWEEN	ONSET AND DEATH					
IC entific g ph conp remo			E CAUSE (0)	dia	- 4VIXE	1							
ED on the control of	1		DUE TO, OR AS A CONS	SEQUENCE OF	1 1	los. N	den	1					
A dec	1	Conditions, if any, which gove rise to immediate	(b) 62V	10000	Merogic	0	9	Į.					
BY		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONS	EOUENGEOF	2 Board	Dh	Madei						
Q#		PART 2 OTHER SIGNIFICANT C	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 118										
equin	<u>0</u>	Own	lette Si	Troke	(Das	total	books.	dajonit					
Town of the state	CERTIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20s AUTOPSY? 2	Ob. IF YES, WERE FIND I	NGS/USED S OF DEATH					
ED The Cron.	RTIF				-	YES NO XX	YES 🗌	NO /					
A SI hysicate front Thysicate		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY THE HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HITEM 18 PART 1 OR PART 2)	0					
SICU NO PO	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19									
PHY:	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM ETC)	ZII LOCATION	CITY OR TOWN	COUNTY	STATE					
NG PN offer the os the or the order arked	-	AT WORK NOT WHILE AT OR		2	1	7 3/2	AA	0					
Teologia A		220.1 certify that (1) (this hospi	tol) ottended the deceased f	rom A	19	/, to		that (I) we) lost					
ATTE Sprite CTO CTO d for of 1	1	sow the deceased alive on obove, (I) we) (did V did no	I view the body after death.	19 19 19		death accurred on the date							
OR bolke		22b. SIC Profession	m	h	2 ATENDING	MEDICAL STAFF		SIGNED					
RAI deto		Marc	Kell	a	PHYSICIAN X	DIRECTOR PHYSICIAL	N□ 3/3	1/87					
HOSPITA ained by FUNERA rould be de		224 PHYSICIAN'S NAME (TYPE O			22e ADDRESS								
TO HOSS strained TO FUN with the MAPORT		Tsunie Chancl				gham Dr., Ber	wyn Hgts,	Md. 20740					
₹ 5 F w 2 ₹		SPECIFY)		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	countr	- Vett					
BP		CREMATION	3-4-1987	CHAMBE	RS CREMATORY	RIVERDALI	A. Paris	- Parket					
DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR	ADD	RESS	250. DA	MARO 9 PRI	JOISTRAN S SIGNAT	URE					
		THE THE CHILD BY	00	T T A T T T	253 00000	9 0 mg							

RIVERDALE, Md. 20737

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. CHAMBERS CO.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN Th HOUR ESTI-DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS DATE 76 YRS. PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. N.C. WIDOWED DIVORCED Prince George's ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince FAGEOE, SIREGENS HOSP. 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Own Home Cheverly FOR MOST OF WORKING LIFE! Homemaker USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2310 Romney Ct 13a STATE 13b. COUNTY Palmer Park 13d INSIDE CITY LIMITS? Md. P.G. YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE (Unknown) Cotton Emma Jerry 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. **ADDRESS** (IF YES, GIVE WAR OR DATES) Unknown Naydine Catuna-4536 Eads St., N.E. No 18 CAUSE OF DEATH (Enter only one couse page BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Alustic Cardiovascular discus IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22e. I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted from: Suicide Homicide Undetermined monner EXAMINER'S NAME 5009 Rayburn Ct , Temple Hills, MD PAGE A Augusto TYPE OR PRINT BURIAL CREMATION, REMOVAL 236. DATE HARMONY MEM. PARK LANDOVER 07/84 BP 25AA 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 H.S. WASHINGTON + SONS 4925 BURROUGHS AUC. N.F. (VR A15 ME (5))

Established in the set of the first Service Fig.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND M		IENE 8	REG. NO.	0 9	200	0
R	1 DEC	OR PRINT)	FIRST		MDDLE	The	AST AST	~	20. DATE OF		03-21-		26 HOUR 50A
	1. SEX	FEMALE		4 RACE BLAC	K	S. DATE O		1918	6 AGE (INYE	ARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
6	70. BII	RTHPLACE (STATE OR F COUNTRY) UTH CARO		76. CITIZEN OF V	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER M	ARRIED .		E GEOR		F DEATH COUNTY	WE
4	ALC: U	TY OR TOWN OF DEA HEVERLY	ТН	PRINCE	GEORGE			NTER	TYPE OF WORK	CCUPATION FOR MOST OF W RED C	ORKING LIFE)	12b. KIND O INDUSTRY U.S	F BUSINESS OR
5	13a S	ARYLAND	136 COUP PRI	ITY	13c CITY OR TO			NO 🗌	823	DDRESS / Z BOOKE	torn, term Martin Am	IVE S	20743
0	ì	THER'S NAME FIRST HUNTLEY		MIDDLE CONNEI			FR	ANCES	ne SI			LAS	
		VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? (E WAR OR DATES)	Unknow		17. INFORMAN		nry(S	address	ocal	Book	er Dr
9	CERTIFICATION	Conditions, if any, gave rise to imr cause inl, stating underlying cause PART 2 OTHER SIGN INC. DATE OF OPERA	nediate ig the last.	DUE TO, OF	R AS A CONSEON R AS A	UENCE OF	NOT RELATED	an	INAL DISEASI	2	Ob. IF YES, V	VERE FINDING CAUSES	
7	MEDICAL CER	27h Silvaniste	CAUSE OF DE	Fig. PLACE (LAT HOME STE tol) ottended the	M. MONTH I	19 148M (TC)	211. LOCATIO	N 19 July occurs	2 to	on an lower on the date	£21,0	600MY	Mart (I) or land
L		BURIAL, CREMATION,		23b. DATE	1 NO	NAME OF C	EMETERY OR C	REMATORY	23d LOCA	TION OR TOWN	ree	COUNTY	STATE
4		BURIA UNERAL DIRECTOR 3821-14t	.L mode h St	28 Ma rn Fun N.W.		ome	20011			rtank	ourg	Spark	or. S.

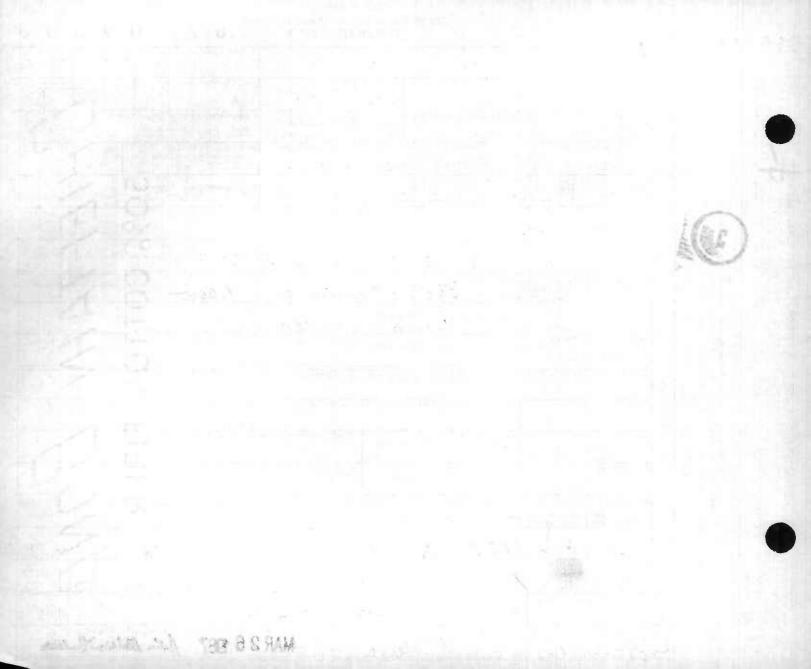
DHMH - 16 60M 7/B4 (VRA 15, 4)

Experience of the formal of the The war when the series of the See the special will real Light with the production of the light of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) CLAUDE TOLBERT 3 SFX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH DAY YEAR MALE BLACK 29 1907 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED AT NEVER MARRIED GEORGIA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE APARTME NTS CHEVERIY PRINCE GEORGE'S HOSPI CUSTODIAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND ASO MADICON 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE FIRST SOLOMON POLBERTCARRTEADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 7617 OXMAN RD. LANDOVER MD no 260-22-0637 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). PART I. DEATH WAS CAUSED BY: RD10 PULMONARY AINUTA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SEPSI Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 3- 20 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated obove, (1) (we) (did) (did not) wew the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT should be owith the Sto 22d PHYSICIAN'S NAME TYPE OF PRINTS 77e ADDRESS JR. 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION CITY OR TOWN (SPECIFY) COUNTY STATE 3-28-87 BURIAL SYLVESTER SYLVESTER CEMETERY 24 FUNERAL DIRECTOR 4339 HUNT PL. N.E. DHMH - 16 60M 7/B4 (VRA 15, 4) WASHINGTON D.C. ROLLINS FUNERAL HOME INC.

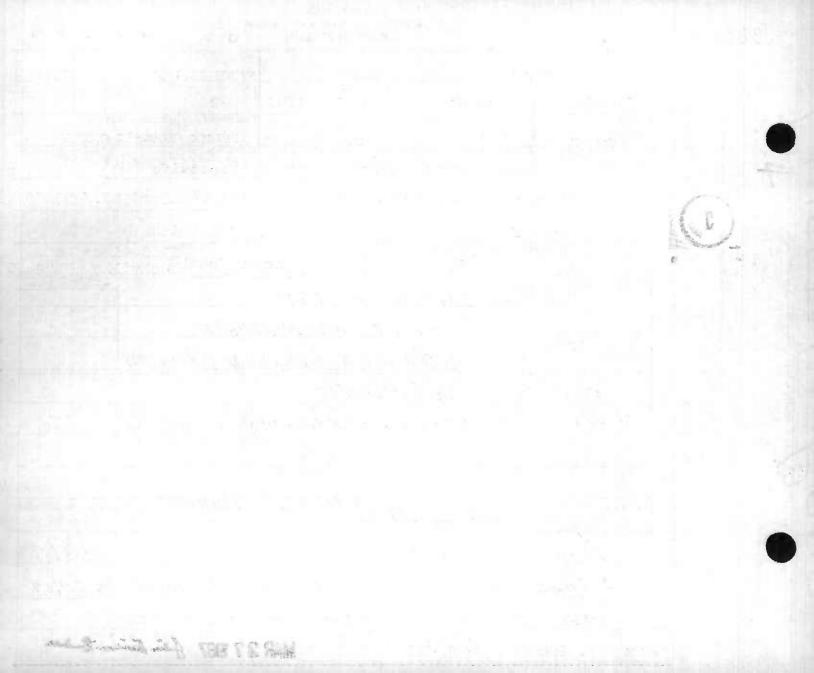
- APR 0 8 1987 Aut 25 - 1994

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 26 HOUR TYPE OR PRINT! 21, 1987 TUCKER 11:00a ROY CALVIN MAR 1.5EX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 2, DAY 1922 YEAR Male Caucasian Oct. To BIRTHPLACE I STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED KKNEVER MARRIED Sedalia, Mo. Prince Georges County U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Malcolm Grow Hospital AndrewsAFB Camp Springs Retired Col. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE COUNTY 13c. CITY OR TOWN 8901 Linton Lane 22308 Virginia Fairfax Alexandria LIATER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE y Calvin Tucker, Sr. Rosalie May NFORMANT ADDRESS 8901 Linton Ln. Alex Anne Lunceford A. Tucker- Wife WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. March 77 Yes 257-28-5787 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH rEnter only one cause per line for you that and (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CANCER ANCER Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE JAN 220.1 certify that (X (this haspital) attended the deceased fram. MAR saw the deceased alive e. 21 MAR abave, (A(we) (did) (did as view the bady after death. , and that in Xvy) (aur) apinian death accurred an the date and haur and fram the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 21 MM 8 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ROBERT H. KITCHEN MALCOLM GROW MED CTR AAFB, MD. 20331-5300 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION 3-24-87 uscaloosa Memorial Pk Tuscaloosa, Buria1 LUNERAL DIRECTOR EVERY FUNERAL HOME DORESS DHMH - 1N/KIM 7/BJ Julia Devidion Pondale (VRA 15, 4) - while f 4 1500 W Braddock to Va Alex



				FOR		DEPARTM		OF MARYLAN		IENE		J'a		75	1
	0490	7!	API	STATE REGISTRAR				CATE OF DE	the Country of the Co	8 /	REG. NO.	9	lin	0 -	
	en 6			EASED NAME FIRST	MIDDLE		Ł	ist		20 DATE OF DE	ATH MONTH	DAY Y	YEAR	2b. HOUR	
	noy be poge 3 er death			GRE			TUR			MARCH 2				11:4	
			3. SEX		4. RACE Blac	,	S DATE O		7 600 4	6. AGE (IN YEARS	MONTHS		HOURS .	HRS.	
	Poge 4 director hours of	1.11	7- 01	Female RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA		OCT	. 19,	1904	82	YRS.	Y OF DEA	TH		
	erol of 72 h	1		OUNTRY) Wash. DC	USA	COUNTRY		NEVER MA	RRIED		E GEORGE			"V	
	er de	7/	10 CI	TY OR TOWN OF DEATH	M. NAME OF HOSP	ITAL, NURSIN	WIDOWE G HOME O			12a USUAL OCC	UPATION	12b. K	(IND OF	BUSINESS	OF
7	s offi	4		LAUREL	GREATER LA			ILLE HOS	PITAL	Hous	ewife	JIFE) INDU	JSTRY		
1	24 hour	校	30 S	L RESIDENCE (IF NURS TATE Md. Mon	17Y 13c. C	ESIDENCE BEFORE TITY OR TOWN ROCKVI	N	13d. INSIDE CITY YES本了 N	LIMITS?	130 STREET ADD	RESS 4 ZIP COL OOdburi	n Rd	./	2085	0
	4 (1)		1	HER'S NAME	MIDDIE	LAST	U B	15. MOTHER'S A	AAIDEN NAA		IDDIT.		LAST		
	P 1	15	1	Henry	Bell	1A31		FIR	Re	ebecca "			EAST		
	execut ond or	7		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	14-03-		17 INFORMAN		ner (so	ADDRES715	Dim	es		
	e be cron ers. P	E.						banes	TULI	101 (50	", Kock			MD20	
	physican emove	event,		18 CAUSE OF DEATH lEnter or PART I, DEATH WAS CAUSE IMMEDIA	D BY:	ARDI	AC	APRES	ST			BE	IWEENOR	NSET AND DE	AIH
	nding corbo	notic			DUE TO, OR AS	CONSEQUE	NCE OF	Maria	4200	DILLES					
	e deoth e ottend move co	troun		Conditions, if any, which gave rise to immediate	(b)	514-	116	Hem	MICK	RHACE					
	that the	r other		cause (a), stating the underlying cause last	DUE TO, OR AS	CONSEQUE	NCE OF	ED INT	RAVASC	MAR CO	AGULATI	Ch			
	equires signed Then plants to burn	njury, o	NO	PART 2 OTHER SIGNIFICANT	CVA CONTR	DIVER	TICM	LOS (O THE TERM	INAL DISEASE OF	R CONDITION G	IVEN IN P	ART 110		
	beer mit.	(ou	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION	FOR WHICH	OPERATIO			200 AUTOPS		ES, WERE	FINDING	GS USED	2
	The land	Service .	RTIF	3/23/87	(OLECI	0. / .	FUR!		CAR BU	- Compression of the Compression	00	YES 🗌		NO [
	AN: The shysicid ificote tronsitions of Hygin	18		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	1100110 1 11		Y YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART OR P	ART 2)		
	YSICIA ding ph s certifi s certifi Suriof-th	Hen	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M.	INDV	19	ZII. LOCATION	, ,						_
	ond 7	redo	MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA		ARM, ETC.)	STREET		CI	TY OR TOWN	COU	NTY	STA	E
	or or see os	mor	1	220.1 certify that (1) (this hosp	ital) attended the dec	eased from_	/	986	19	Phose	NT	. 19		nat (1) (we) la
	TTEN ppitol TTOR for u	21 is	Ш	saw the deceased alive on abave, (l) (we) (did) (did no	3/23	death.	27_, an	d that in (my) (a	ur) opinian c	deoth occurred ar	the date and ha	our and fro	am the co	auses state	d
	OR A be hos bent Dept	Hen		226 SIGNATURE	111	14.0	1	DEGREE	ELIDA I -		CYAPE	22c.	DATES	IGNED	
	by the ERAL e deto State	AN TOWN		Melin	Man	M)		PH	YSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [- 3	3/2.	3/8/	_
	retained by the TO FUNERAL should be detroined with the State	IMPORTA		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			8317	CHE	TRY LA.	LAURE	2 14	3 71	0707	7
	Sho sho	3		URIAL, CREMATION, REMOVAL		23c. N	IAME OF C	METERY OR CR	EMATORY	23d LOCATIO		COUNTS		SIA	TF.
	BP	- 111		Burial	3-28-87			Mem.	_	olne		tg.			
	DHMH - 16 60M			NERAL DIRECTOR	246	N ADDRESS W	ashi	ngton D 2085	250 DATE	REC'D. BY REGI	STRARIZSE REGIS	TRAR'S SI	GNATU	RE	
	(VRA 15, 4)	G	eorge R. Snow	wden Roc	CKATTT	.e, M	ע 2085	U MINEN	4 1 80/	all	and the said of			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

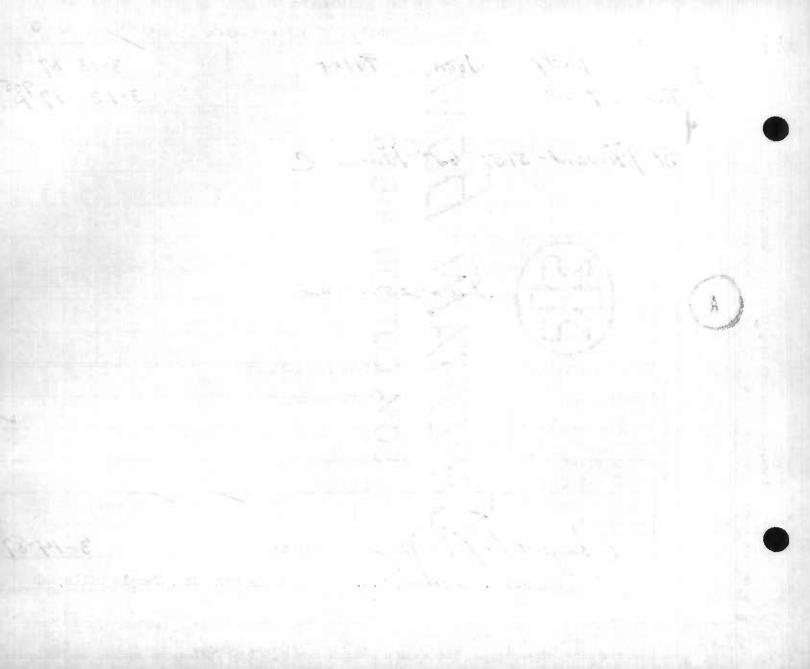


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR P DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) FRANCIS 3-10-87 TWOHTG 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR Male Caucasian 1907 80 Mar. To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia WIDOWEDE DIVORCED [PRINCE GEORGES COUNTY 10 CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLINTON SOUTHERN MARYLAND Farming Farmer 13L CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 413 10th St. West Virginia Greenbriar Rainelle FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE Donahue Richard Twohig Annie General Delivery 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (son) (IF YES, GIVE WAR OR DATES 236-24-9104A Richard Twohig Elton. West Virginia 25965 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 211115 IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost 19n DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED NEERTIFYING CAUSES OF DEATH? NO I 710. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 711. LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (b) (this hospital) attended the deceased from saw the deceased wrive an and that in (my) (por) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death. DEGREE 27. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Mar. 13, 1987 Sacred Heart Catholic Cemetery, Springdale, WV Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Capitol Funeral Service, Falls Church, VA (VRA 15, 4)

. 38 7 0 Vr comment of the com

Coulty Furence Country 7- Custon V.

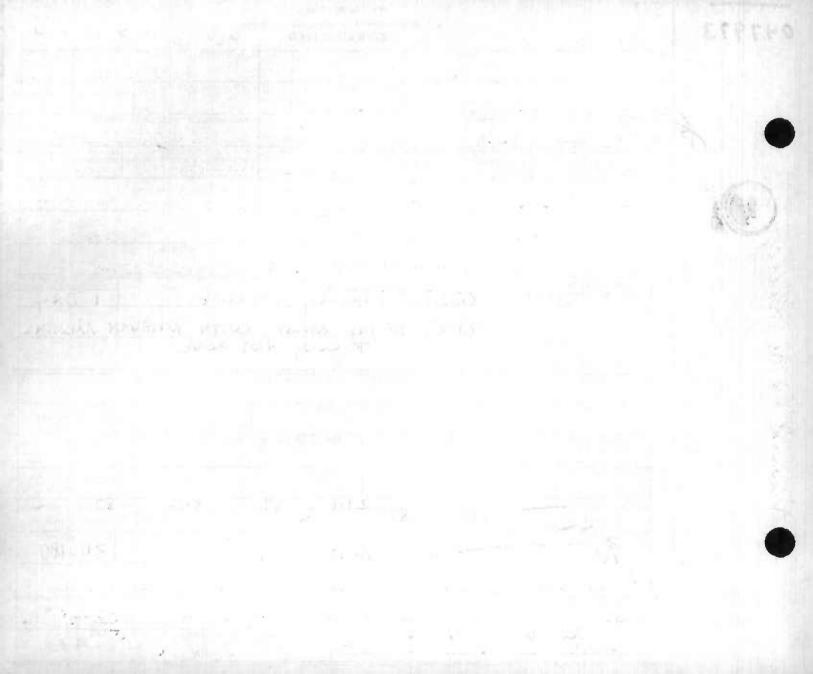
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-DEATH MATED 6 AGE UN YEAR IF UNDER 24 HRS DATE LAST BIRTHDAYS PRONOUNCED 15,1933 53yps Dec. DEAD BIRTHPLACE 7b CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's South Carolina USA DIVORCED II. NAME OF HOSPITAL, NURSING HOME 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Dietary Supervisor 113b. COUNTY 13e STREET ADDRESS 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Seat Pleasant YES 515 62nd Place, Apt. Maryland P.G. NO [] 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Corbett Charlie Darler Maggie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 249 62 1864 Joyce Tyler-daughter-3145 75th Ave Apt. # 202 Landover, Mary Pandle INTERVAL 18 CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c).) PRESTON ST. PART I DEATH WAS CAUSED BY recomposaverma IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO I 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on and in my opinion Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy EXAMINER'S NAME ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto P. Rodriguez. 230 BURIAL, CREMATION, REMOVAL 23b. DATE March 21,1987 Lincoln Memorial Cemetery Suitland, Md. Buriak 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) Home-4001 Benning Road,



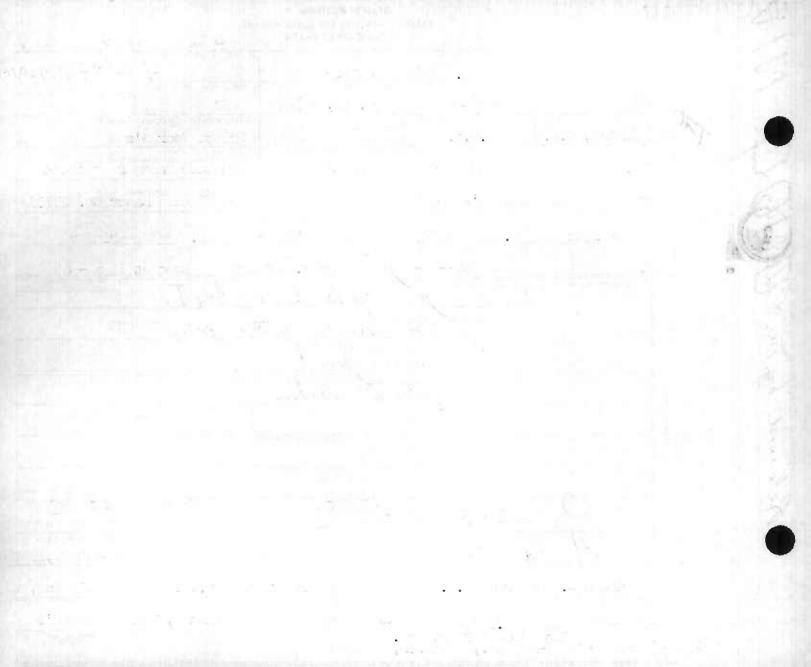
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME NORLEEN FILLINGTON **VAUGHAN** 20 DATE KNOWN (TYPE OR PRINT) DEATH MALL 3. SEX 4 RACE DATE OF BIRTH F UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED orth Carolina USA WIDOWED [DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Resident Mngr. andover Hills Terrace Apts. DE COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Landover Hills 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIDCT MIDDLE Perry Ellington Monroe Treasie Frank 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (son) 238-36-3542 Vaughan N/A N/A Johnny A. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO DE 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 27a. I certily that I took charge of the remains described above, held on Inspection Inquiry and in my apinion death resulted from Notural couses Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE 1919 Seminary Rd. S.S. Md. John S. Rogers. DME DIPE OR PRINT ADDRES 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION N. Car. Pine Forest Mem. Gardens Wake Forest 3-10-1987 Burial Wake 07/84 25M 24 FUNERAL DIRECTOR 11800 N.H. Ave Sil. Spr. Md. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Hines/Rinaldi Funeral Home (VR A15 ME (5))

180 CT

11 111	23	97					STATE OF MAI								45	
3		FOR STATE REGISTRAR					RTIFICATE (ND MENTAL HY OF DEATH	Ö	REG. N		9	2	0 8	3	
3.3		CEASED NAME OR PRINT)	FIRST	٨	MIDDLE		EAST OF CAR		20 DATE	OF DEATH	MONTH	DAY	YEAR	26. HOUI	a	
			RUTH		Eula		ISLOSK	LY .			03	10	87	6:5		
100	3 SE	X		4. RACE		5. [MONTH D	Y YEAR	6. AGE	IN YEARS LAST BE	PTHDAY)	MONTHS	DAYS	IF UNDER :	24 HRS	
-		male		Caucasi			ept. 20	, 1922	64		YRS.					
7875		RTHPLACE (STATE OR F		Th CITIZEN OF	WHAT COUN	ATRY? 8	ARRIED NEV	ER MARRIED	9 BALTI	MORE CITY	OR COUNT					
120		rth Caroli		U.S.A			OOWED	DIVORCED [PRINCE GEORGES COUN						M	
78/	100	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRE	G HOME OR OTHER INSTITUTION			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)				12b. KIND OF BUSINESS O		
(C)		CLINTON		SOUTHERN MARYLAND HOSPITAL					Homemaker . Home							
Sp.	13a. S		136 COUN	TY	13c. CITY OR			DE CITY LIMITS?		T ADDRESS				007	2-	
E		ryland ITHER'S NAME	P. (J.	Clin	ton	YES X	NO HER'S MAIDEN N	/5U /	Sprir	agoro	OK L	ane	207.	35	
6.		FIRST	-	MIDDLE	LAS			FIRST		MIDDLE			LAS			
(<u>a</u>)		amuel VAS DECEASED EVER		car	16b SOCIAL	ney	Hass			ADDR	FSS	S	urra	tt_		
edic	(YES, NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATEST					-7 -1			10 7				
E /	=				094-1		8 Anare	ew M. Vi	STOSK	Same	e as			MAYE INITED	N/AI	
nt, fi	м	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: (MARDIATE CAUSE (a) CADLO RESPIRATORY FALLIAE (MARDIATE CAUSE (a) CADLO RESPIRATORY											BETWEEN	MATE INTER	DEATH	
9				E CAUSE (a)	CHADLE	U TUES	PTICA-10	ry o	MICO	in the		-		DVC	1-	
mofic					R AS A CONS	SEQUENCE	OF	Ancas	7.1	71 1	11500	me	- 41	0110	21	
froum	3	Conditions, if any, gave rise to imn	which	(b)	CANGI	1 81		BNEAST	01	14-1	ACGIV.	21/01	14	ONII	47	
other		cause (a), statin underlying cause	g the	DUE TO, OF	R AS A CONS	SEQUENCE	OF 70 C	A MA	HOO I	30NE						
oro		PART 2 OTHER SIGN	JIEICANT C	ONDITIONS CO	ONTRIBITING	G TO DEAT	H BUT NOT PEL	TED TO THE TER	AAINIAI DISE	ASEORCON	ADITION C	SIVEN IN	DART 1			
riory	Z	TAKT 2 OTTICK SION	VIII CANT	0110110113 <u>CC</u>	2141KIDOTII4	OTOBER	1 DOT NOT KEE	ALD TO THE TER	MINAL DISC	ASEORCO	40111014	MATIA IIA	PART III			
à à à	CERTIFICATION	19a. DATE OF OPERAT	NON	196 CONDI	ITION FOR W	/HICH OPE	20a A	UTOPSY?				AGS USED				
SW 7	IFIC									YES NO YES				OF DEAT		
S. S	ERI	21a. ACCIDENT WAS UND	DERLYING	216. TIME O			21c. HO	W INJURY OCCU	_				R PART 2)			
E	-	OR CONTRIBUTING				H DAY	YEAR									
or the	MEDICAL	(IF EITHER NOTIFY MEDIC		218 PLACE			21f LOC						-		-	
ked	¥	WHILE NOT WH	INE	(AT HOME STR	REET, FACTORY, O	OFFICE, FARM,	TC)	TREET		CITY OR TO	DWN	CC	OUNTY	S	TATE	
HOL		22a. certify that (I)		al) attended the	e deceased f	from	2118	19 8	to	311	9	19 8	27	that (I) A	- Lins	
5 1 15		sow the decease	d alive on		19	19 87	, and that in	(my) (our) apinio	n death occu	rred on the d	date and h	our and	from the	couses sta	ted	
Hem 2		above, (I) (Ne) (8	did not	view the body	ofter death.		DEGREE						2c DATE			
-		MIT			- va		MO	ATTENDING PHYSICIAN	MEDIC	AL STA	FF			0187	7	
Z /		22d BHYSICIAN'S NA	AME (TYPE OF	R PRINT)			22e ADI		MI DIRECTO	OR PHYSI	CIAN		3.0	- 14 /		
ORT	-			sky, M	1 D			8 Oxon	н:11	Rd	Ovor	n Hi	11	Mai		
IMPORTANT: II	220 1	BURIAL, CREMATION,			1.0.	I 22. NIA44		OR CREMATORY		CATION	OAUI	.1 111				
		Burial	KEMOVAL	03/12/	/87			or crematory Cemete:	737 CT	inton	Dring	CO COM	NTY	10 %	ŽŶ.	
	74 F	INFRAL DIRECTOR 6	e Fir	neral Ho	ome. In	nC.			ATE REC'D B	Y REGISTRAF	256 RECI	ISTPAP'S	SIGNAT	DE D	AL.	
6633	0	ld Alexande	er Fer	cry Rd.	Clint	on. M	20735	IN/A		1987				inda		
1110000	· ·			1		/	_ ~~ ~~	- 241	. 4	NUI .	A .					



0 47-9-7-4 HIR 23 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 2g DATE OF DEATH TYPE OR PRINTS Joseph M. Walker 5 DATE OF BIRTH 4 RACE IF UNDER 1 YEAR 3. SEX 6. AGE LIN YEARS LAST BIRTHDAY) Male Caucasian 1927 Nov. 15, 59 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington, D.C. U.S.A. Prince George's DIVORCED [WIDOWED IO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Maryland Hospital Center warehouse manager WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) s Clinton 6600 Clinton Manor Dr. 20735 13d. INSIDE CITY LIMITS? PrinceGeorge s Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Minder Charles Walker Ellenora 17 INFORMANT Wife ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 578-34-2420 Mary S. Walker Yes same as 13 a - e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (g) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost malymulpmin PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUA NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOIX 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC I WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive an and that in (my) aur) apinian death occurred on the date and haur and from the couses stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN March 17,1987 224. PHYSICIAN'S NAME LIVE OF THE 22e ADDRESS should be with the S IMPORTA Glenn R. Edgecomb M.D. 7700 Old Branch Ave., Suite 201B Clinton, MD 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Cremation Clinton, Prince George S MD Lee Crematory 03/18/86 Old Malexander Ferry Rd., Climton, MD 20735 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 76833 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2n DATE OF DEATH L DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) GEORGE G. WARNER 23 12 40R 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH MATE BLACK 1941 JAN. 6. 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN MARRIED IN NEVER MARRIED COUNTRY) PRINCE GEORGE'S U.S.A. TRINIDAD DIVORCED | WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR PRINTING THE PORT OF THE PORT OF TAL CHEVERLY TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY SOCIAL WORKER PSYCHIATRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 9338 Md. P.G.C. GREENBELT YES X NO [EDMONSTON RD.#202. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST LAST GARRICK NORMA WARNER LOPEZ ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT EYES. NO OR UNKNOWN) NO 7-62-1772 SHIRLEY WARNER SAME TITEM APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: NR10-Pulmman IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. coma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 20e AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 196 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s PLACE OF INJURY 211. LOCATION 70 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL ld be deta the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 6401601 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) CITY OR TOWN COUNTY CREMATION 3-26-1987 CHAMBERS CREMATORY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 W. CHAMBERS CO. RIVERDALE, Md. 20737 (VRA 15, 4)

THE PARTY OF THE P

		- 1			SIAII	OF MAKTLAND			
695	I MAR I	3 8	FOR - STATE REGISTRAR	DEP		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE / REG. NO.	0 9 2 1	
V :	m # 8.0		DECEASED NAME FIRST NAME NAME	NIE		ASHINGTON	20. DATE OF DEATH MOT		6.49pi
X	6.0		SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDA		F UNDER 24 HRS
	in the contract of		EMALE	BLACK	AUG	27 1921 1921 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	65	YRS.	
0	100	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	US.A.	MARRIE		PRINCE GE	ORGES COUN	VTY MD.
1	11 8	3 10	CLINTON MD	11. NAME OF HOSPITAL, NU		ND HOSPITA	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		SUSINESS OR
UND 217	118	13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COUP		TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI 811A.E.36thS	P CODE 99	7950
MARYL	00	2 1	pather's name the Brown	MIODLE 1AST		15. MOTHER'S MAIDEN NA FIRST Fannie	MIDOLE	Johnson	
IMORE	Puges medicol	3 "N	NWAS DECEASED EVER IN U.S. AR DIYES, NO OR UNKNOWN) (1F YES, GIV	RMED FORCES? 16b. SOCIAL S VE WAR OR DATES) 225 12	4631	Willie Was	hington Same	as 13	
BALT			18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE			MONARY	ARREST		SET AND DEATH
PRESTON S	The state of the s	-	Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSI	ESTI		T FAILUR	<u>'E</u>	
201 W.	please a		underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI	AL K	EGURGIT.		ON CIVEN IN DART 1	M.S
CORDS	of There	7 3		1510W SE	PTICE	EMIA.	Subacute	bacterial	Lende
TAL RE	con the last of the period of	Z	AL ACCIDENT MACHINES TO				YES NO NO	YES CAUSES OF	
10FVI	g physical properties of the physical p	/	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	212 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART (OR PART 2)	
NISIO!	afferd the true the true the true of M	MEDICAN	21d. INJURY OCCURRED HILE NOT WHILE NORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2	other or series of the series of the other o		220. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	2 0 0		d that in (my) (our) opinion	7 to 2 ~2 death occurred on the date of	- /	ot (I) (we) lost uses stated
	AL DIRECTOR DEPT.		22b. SIGNATURE (BS)	Aus.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIG	8-8)
HO HO	O FUNE hould be with the St	/	RAJ, B.SA	MIANI MD		7501 SUR	RATTS RD	CLINION	WD
149	BP99		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 5MAR87		CEMETERY CEMETERY		, VIRGTNIA	STATE
0	MH - 16 60M 7/8		TUNERAL DIRECTOR	AODRI	ESS 814 Fra	15/17 J 250. DA	RO6 1987	REGISTRAR'S SIGNATHR	E Catalo
	(VRA 15, 4)	16	REETE Funeral Hom	1. Line	Alexy	A. IMA	100 BO/ 8	Branca 2-16	

ALLE STATE OF STATE O

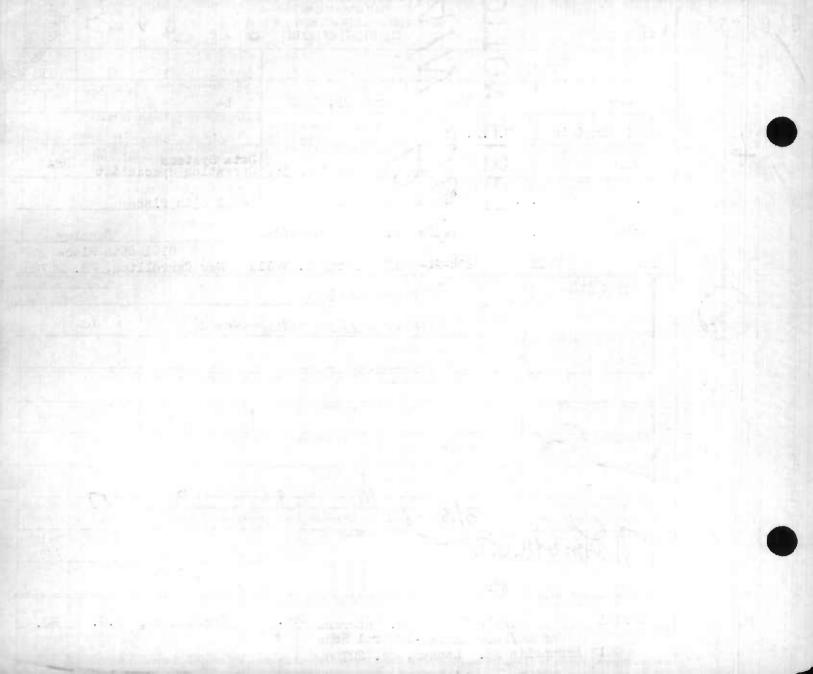
	1				STATE OF MAR					
466021	175	FOR STATE? REGISTRAR			CERTIFICATE O	F DEATH	8 / REG. N	0.	9 2	12
• 64		OR PRINTI	BLANCHE	OLIVIA	TIEDD		20. DATE OF DEATH	MONTH 6	1987	26 HOUR 8:45A
noy be page 3	1 00	*	DLANGRE		WEBB		March		1907	
rector.	1	Omols	A R	lack	17-12	1-30	56	YRS	MONTHS DAYS	HOURS M
deoth. P.	No	RTHPLACE (STATE	rolling	12EN OF WHAT COUNTE	MARRIED NEV	ER MARRIED DIVORCED		e Geo	rge's	
by the filled with	L	anham	Do Do	TAME OF HOSPITAL, NUR FNOT IN SUCH FACILITY, GIVE STI CLOPS HOSP:	rest address) ital of Pr.		HOUSELL	or le	INDUSTRY	one one
in 24 hou	M	anylowe	Chape	NSTAUPION GIVE RE DE LA TIE	4DOX DOX DO	E CITY LIMITS?	1217-1	Line	ion	Mary
p 1/6/	14. F/	Will	liant	- Boo	ne	ER'S MAIDEN NAM	u mont	Per	nel	03
on and c	160 V	VAS DECEASED EV YES NO OR UNKNOWN)	ER IN U.S. ARMED F		CURITY NO. 17 INFOR	Ole I	Delle	= 13/ H	Zislia	ma
the death certifical the state of the state		PART I. DEATH Conditions, if a gove rise to i cause (o), ste underlying cou	WAS CAUSED BY: IMMEDIATE CAL ny, which mmediate ting the	UE TO, OR AS A CONSECUE TO, OR	CANCEL WITE M	stallow to	luge, pleur walt	ac hi		mate interval onset and de
been agrices the mit. The propriet to be ony in	CERTIFICATION	PART 2 OTHER SI			O DEATH BUT NOT RELA		NAL DISEASE OR CON	20b. IF YE	S. WERE FINDIN	NGS USED
he lo	THE						YES NO T		YING CAUSES	OF DEATH?
SICIAN: 1 ng physic certificate mol-fransi ental Hyg sh	MEDICAL CER	218. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19		D (ENTER NATURE OF INJU	RY IN ITEM IB	PART 1 OR PART 2)	
ING PHY r attending after this as the bu	WED	AT WORK AT	WHILE D	e PLACE OF INJURY AT HOME STREET, FACTORY, OFFI		REET O.	CITY OR TO		COUNTY	STATE
ATTEND ospital o ECTOR. y ed for use it, of Heo m 21 is m		sow the dece	ased alive an	tended the deceased from 19 the body after death.	and that in (7. 19	to	-	and from the	
by the hby the hby the hby the holf ERAL DIR		22d. PHYSICIAN'S	and go	400	DE GREE		MEDICAL STA	FF CIAN [3- A	6-87
TO HOSPIT TO TUNER TO TUNER TO TUNER THE SIT	-	kai-4i	'u Young, H	0			Rd to 201 Cli	uton,	Ho 207	31
BP	B	URIAL CREMATIO	REMOVAL 336	-14-87	Such	DINOTO	Noul	Horn	Ston	och
DHMH - 16 60M 7/84	5	Philips	K. WO	28/20	timeral	YOUR MA	R 1 0 1097	ZNA. REGIST	PART SIGNAL	Poster

10 0 E 4 7 7 14 30 56 Action & allege & Stock Dentile Color of the Color of t Stratus in the American Stratus in the Stratus in t

	41/	lie	ms, #5,6	,/d,/D,12	d, 120, 1				OF MAR						
	4	1.	FOR G-62	7, 5/27/8	7, by M	CUO				ID MENTAL			pau	15 13	1 7
+/			REGISTRAR E	xam, / Gb	j.	MED	ICAL EX	AMINE	R'S CER	TIFICATE	OF DEAT	H/	REG VO.	7 2	1 3
1 9	7777	1. DE	GEASED NAM		<u> </u>	1	MIDDLE		LAST	4	20	DATE KN	OWN PUA	AONTH DAY	YEAR 25 HOUA
	W .: 20.	2 4145	(OR PRINT)	1 00	10.3.	11		1.1		1 -	- 1	OF E	STI.	110	1 520
11-	PLEASE ECTOR. R FILES. HOURS STREET,	2 554		4 RACE	M. de	OF DIDTH	- 17	CAL	1/10	DIV	YY		4	11. 6	19 N N N
17	STACKE	3. SEX		RACE	MONTH	OF BIRTH	YEAR /	AGE (IN YEARS LAST BIRTHDAY)	MONTHS D	TAYS HOURS	MIN PE	. DATE	D	, I	120 HOUR
7	N22897		n	(1	12	20	14	72 62 YRS.		1.00		DEAD	FE	60 9-5	19 2 A M
	SSAL			TATE OR	.7b. C1T12	EN OF WHA	AT COUNTRY	? 8	AAADDIED [NEVER MAR	9	BALTIMOR	E CITY OR C	OUNTY OF D	EATH
	NECESSA FUNERAL S FOR		W York.	V V	11	.S.A.			VIDOWED [p-12	Pri		6 211	~ (7
	NO.	_	IY OR TOWN				ITAL, NURSIN				/	LOCCUPAT	ION (TYPE OF	WORK 12h KIN	OF BLISINESS
	2. まみる	1	٦.	1 1	2 JUENO	OT IN SUCH FACE		ADDRESS	1	2121		ST OF WORKING		OR	D OF BUSINESS
	30	las	- way	164/2	21/5	1214	-196	Wire	1-10	0:01	Pr	inter		Pri	nting
5	TAIN TO SE	13a S	L RESIDENCE		ME OR OTHER INS		13 CITY OR			INSIDE CITY LIMITS?	134 STREE	TADDRESS	. ,	20783	1 1
2120	ANY AND SELAND S	-	not	Prin	es Ce	ovoc-	Larg	124/0	V K YE		1221	74	67.6312	AUCX	106.101
WD.	A & & 3.2. =	14. F.A	THER'S NAME	1	7.0.4	80	1	11 3	15 A	AOTHER'S MAI	DENNAME		N 40		_ V
	PM 3.	15	FIRST		MIDDLE		LAST	110		FIRST	DETTTAME	WIDDE	E	ı	LAST
OR	395 x x 8	17. 14	Jack	D EVED IN LLE	-	2222	Weinber			Sylvia		_		Wei	nberg
TIMORE	N S S S S S S S S S S S S S S S S S S S	100 V	ES, NO, OR UNKNO	DEVER IN U.S.	SIVE WAR OR DAT		16b. SOCIAL	SECURITY N	10, 17 IN	VFORMANT		A	ADDRESS		
	ANT DE		Unlen Y	3/31	/43- 8/	11/43	111	88	744						
	DI KING		18 CAUSE O	F DEATH (Enter	only one cou	use per line fo	or (o), (b), an	id (c).)				1	12 1	AP	PROXIMATE INTERVAL
5/	STATE OF	13	PARTIDE	ATHWASCAU	ISED BY:		Ar.	.Te	10	110	CAV	dia	111	. A BETW	VEEN ONSET AND DEATH
10	SHEER S			IWWEL	DIATE CAUSE		S A CONSEC	DUENCE OF		/				1	****
10	223728		Condition	ns, if ony, wh		02 10, 011	3 / CONSE	POLITICE OF							
2	E STATE	3.	gave ri	e to immedi	ate /	(b)									
*	WEST NO	113	lying cau	stating the und	er-	UE TO, OR A	S A CONSEC	DUENCE OF							
8	ENDAYS		79	30 1031		(c)									
S	AABABAA		PART 2 DINER SI	GHIFICANT CONDITIO	ONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED	TO THE TERMINA	L DISEASE OR CO	NOITION GIVEN IN	PART Link				
ő	A SEASON AND A SEA	Z	/	2/00	دمه										
- W	- GENERAL	CERTIFICATION	19g. DATE OF	OPERATION	19	BL CONDITION	ON FOR WH	CH OPERAT	ION WAS PE	PEOPMED?				T20. A	LITORCYA
7	DO THE SERIES	2		NX1	w	a. CONDIN	STATION WIT	ICH OF ERRI	OIT WASTE	KI OKMED:				20 A	UTOPSY?
5	380 40	E		0	-0										ES NO E
ö	NA PARA		UNDERLYING	L CAUSE WAS		HOUR A.M.	NJURY MONTH DA	Y YEAR	21c. HOW IN	NJURY OCCUR	RED LENTER NA	TURE OF INJURY	IN ITEM 18 PART	T OR PART 2)	
Z O	FE00#8	3	CONTRIBUTI	NG CAUSE C		P.M.		19							
12	OEP DEP DEP DEP	MEDICAL	21d INJURY C	CCURRED	21		INJURY (A		211. LOCATIO	N					
No.	SE S	₹	WHILE	NOT WHILE		STREET, FACTO	RY, FARM, ETC.)		STREET			CITY OR TOWN		COUNTY	STATE
	PAN A		AT WORK	AT WORK											
	NE S S S S S S S S S S S S S S S S S S S		22a. 1 certi	y that I took ch	orge of the re	emains descr	ibed above, l	held on	Autopsy L	, Inspect	ion D.	Inquiry	, and in	my apinion	
	が見るのよう		death result	d fram: No	atural causes	29.	lecident _], Suicio	le [].	Homicide	Undeter	mined monne	er D.		
	CERT CERT CUID E DIRE			11	1	/				ITLE (SPECIFY)					
	M D D D T I		ACTUAL	da a	1	Car	~ .			D. A. O.				DATE Fel	251900
	SER SE		SIGNATURE		-	1	-	9	M.D	0	MEDIC	AL EXAMINE	R	SIGNED	20.00
	NO NO NO		EXAMINER'S (TYPE OR PRI	NAME		0		S. C. Y							
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH V. BALTIMORE, M.								ADDR						
	F M G F 4 8	23a.Bl	JRIAL, CREMA	ION, REMOVA	L 236 DATE		23c NAM	E OF CEME	ERY OR CRE	MATORY	23d LOC CITY OR	ATION		COUNTY	STATE
07/84	BP			oval	2-25-	87			3.50						1 7 1 1
25M	DHMH - 17	24 FL	NERAL DIREC	TOR		ADDRESS			4-5-5-	25a, DAU	REC'D BY R			AR'S SIGNATU	JRE
	(VR A15 ME (5))			te Anat	omy Bo	_	R	alto.,	Md.	MAK	1319	8/ 14	lia Den	door- Kan	dath
									2200						

Lineston Lange of the State 14th and the and the second of the second 3775 300 HER TO BE THEN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) ORLAN 2:05P WELLS. JR. MARCH 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR March 23, 1922 Male White To BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. Prince George's 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION DatzorBystemseking LIFE) INDUSTRY Lanham Doctors' Hospital of Pr. Geo. Co. Operation Specialist USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE
136 COUNTY
137 TOWN
137 TOWN
137 TOWN
137 TOWN
137 TOWN
137 TOWN
138 TOWN
139 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE P.G. Carrollton 6101 85th Place 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Orlan Wells Sr. Bernadine Dannley ADDRES101 85th Place 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 234-26-3617 Betty K. Wells New Carrollton, Md. 20706 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY no tastatic sancoma 10 IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF MCOMA NUNSELECTIONEAL Canditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 716 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 77x 1 certify that (I) (this haspital) attended the decleased from, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3/19/87 22e ADDRESS 7525 Greenway Ctr. #205 Greenbelt, Md. 20770 MARTIN D. WELTZ. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial COUNTY Md. Veterans Cem. Cheltenham. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Rendon/Hale Lanham Funeral Home DHMH - 16 60M 7/84 9013 Annapolis Rd. Lanham, Md. 20706 (VRA 15, 4) MAD 0 7 4007

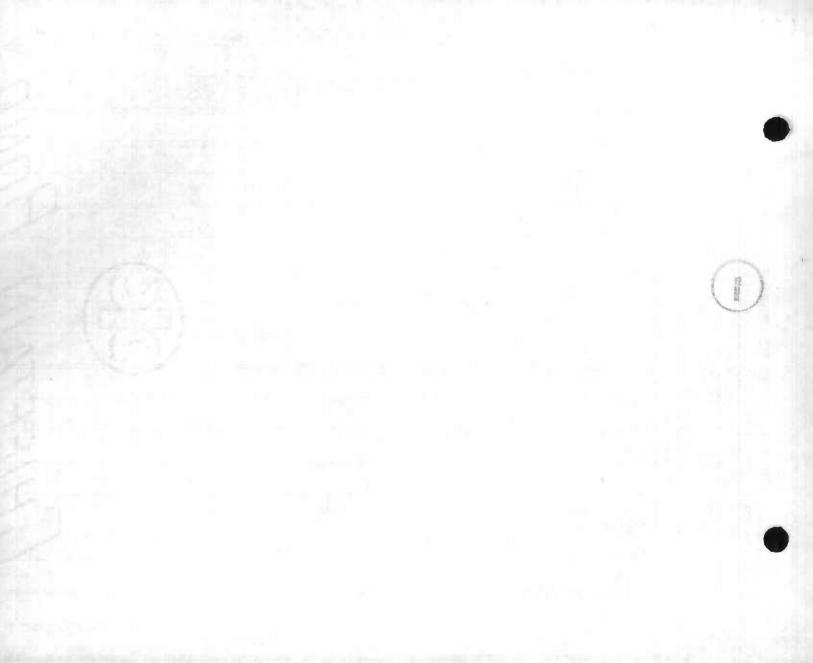


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTI ETHEL MARY 21 87 2.30pm 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 21 HRS 1915 Female Caucasian March To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA PRINCE GEORGES COUNTY Marvland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! THERN MARYLAND HOSPITAL INDUSTRY CLINTON MD Waitress Resturant GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Waldorf Maryland Charles NOX Hwy 5 So., Bx-393C /20601 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alfred R. Pilkerton Catherine Adams 16b SOCIAL SECURITY NO. 17 INFORMANT Box-183 Young Ro LYES. NO OR UNKNOWN) Waldorf, Md20601 No 7-36-7148 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic. PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF CAZOTORER. Farunce? underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ō AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE AL WORK 220.1 certify that (1) (this hospital) attended the deceased from Januar sow the deceased oliver of March 21, 19 87, and the above, (1) (we) (did did not) year, the body after death. March and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF DIRECTOR PHYSICIAN should be det MPORTANT 274 PHYSICIAN'S BRAMEK 22e ADDRESS 0 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION St. Mary's Cemetery Bryantown, Charles, Md. Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE P.O. Box 156 DHMH - 16 60M 7/84 ne dreighten Bondall Funeral Home (VRA 15, 4) Waldorf, Md 2060]

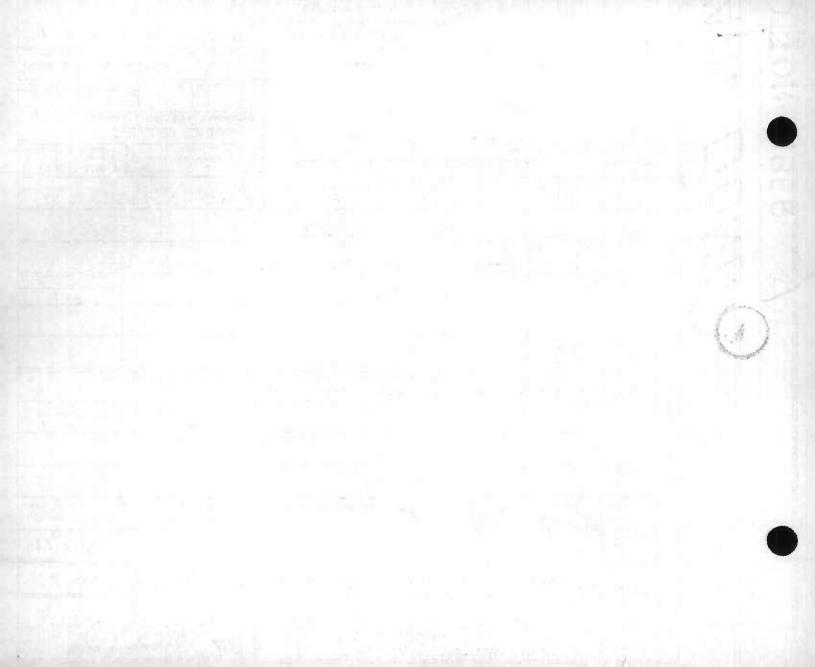
No pure Cile Company Comments of Comments IDIO 1902. DOLLA (1992) ISSUE, . PROPER TO SELECT - . . .

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR DECEASED NAME 20. DATE KNOWN X 25 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED R FILES. HOURS STREET, BRANDON WHITE 3-26-8719 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE DAY LAST BIRTHDAY PRONOUNCED M B DEAD 3-26-87 10 :04R /23/84 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED Prince George's County WIDOWED Port Smith TO THE FL PAGE 5 BE FILED. 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Prince George's Co. Hospital Cheverly n/a n/aISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3m STATE 1136 COUNTA 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Clinton NO V 7609 Milligan La 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Tyrome White Shelia Boswell 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST Micheal Lewis 7609 Milligan La 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Blunt thoraco abdominal trauma DUE TO, OR AS A CONSEQUENCE OF - TRANSI Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 190 DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFER DEATH, WITH THE STATE DEPARTMENT OF SHALL MARYLAND, 21201 PRIOR TO BURIA YES X NO T 21g EXTERNAL CAUSE WAS 20010000F INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR HOUR A.M. MONTH PAY subject beaten CONTRIBUTING CAUSE OF DEATH 4PM PM 218 PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 7606 Fountainebleau Dr. WHILE AT WORK New Carrollton, Md. apt. 224 I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinion Homicide X Notural causes Suicide Undetermined manner TITLE (SPECIFY) Assistant DATE 3-26-87 Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 3/28/87 Suffolk, Va. Sinai Cem Burial 07/B4 256 AEGISTRAN SAIGNATURE 25M 24 FUNERAL DIRECTOR 250. DATE REGOVER GEST **DHMH - 17** LEROY O. DYETT 4600 LIBERTY HEIGHTS (VR A15 ME (5))

STATE OF MARYLAND



	COL						OF MARYLAND				
		1-	FOR STATE		DEPART		EALTH AND MENTAL HYG	IENE	0 9	9	17
47656	HAR	0.1	REGISTRAR	100			ICATE OF DEATH	REG. NO). 0	Con	
84		1DEE	EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
moy be	7		OR PRINT! Minnie		liams	LA SAFE	White		03-12-		7 00PM
	86.1	3 SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
ge 4		Fe	male	Cauca	sian	Jan.	4, 1889	98	YRS.		
Poor I dir	3/	7a. BII	THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY O	-		
nero n 72	4		rginia	U.S.A	١.	WIDOWE		PRINCE	GEORGE!	S	MD.
her d with	31		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		126 KIND C	OF BUSINESS OR
s of	18	Cl	HEVERLY	GLADYS	SPELEMAN	NURSI	NG CENTER	Housewife	· ·		Home
b 212 t hour	11	30. S	L RESIDENCE (IF NURSING HOME TATE 13b CO		GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
NN 24	25			nce Geo.	Riverda		YES X NO	4715 Oglet	horpe :	St.	20737
evil.	屋人	I4 FA	THER'S NAME	MIDDLE	1241		15. MOTHER'S MAIDEN NA	ME			
MAR Pole	(0)	Wi	Iliam Rob		Vial		Mildred	WIDDLE	P	ollard	Ĭ
d co	lico		'AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	SS		
ALTIMORE, MARYLAND 2120 Le executed within 24 hours ond completely filled in by Poges 1 bod 2 should be fill	Hed.	No)	GIVE WAR OR DATES	579-05-0	0460	Mr. Herndon	n White, Sar	ne as L	ine #	13
BALT	the of		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	r line for (o), (b), on	id (c1.)	•				ONSET AND DEATH
is the same of the	emon			ISED BY: IATE CAUSE (o)	wo	2669	S			1	day
	otic	30		DUE TO O	R AS A CONSEOU	ENCE OF					1
PRESTON	L no		Conditions, if ony, which	((b)_	*						
E C	er fr		gove rise to immediate couse (a), stoting the	DUE TO, O	R AS A CONSEQU	ENCE OF					
A	ol, er		underlying couse lost.	(0)				L. CARROLL			
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the offending physicion. Were this certificate has been signed on the buriok-tronsit permit. Then plea	o burio ury, or		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART I	0
Po Sin	f E	CERTIFICATION	organo pi	very 140	drone, c	novo	ed cutory or se	Cal			
S bee	ony on	CAI	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN	ERE FINDI	NGS USED
ALR ion.	Ne ne	TIF				2367		YES NO	YES [NO 🗆
JAN: JAN: physic prificote	Hyg 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF	110110 1	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
SION OF VI PHYSICIAN: ending phys this certifico	Hem Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI	DEATH	Μ.	19					
PHY and it has a but	Z o	(ED)	21d. INJURY OCCURRED		OF INJURY	FARM FIC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DING or offer After Se os th	olth one morked	2	WHILE NOT WHILE AT WORK			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
NDIP R. A. USE O	deoft is Ti		22a. I certify that (I) this ho			1	15 , 19 21		. 190	7	that() (we) lost
VITE spirto CTO for	21 2		sow the deceased olive obove, (1) (we) (did) (did	not) view the body	after deoth.	, or	d that in (my) (our) opinion	deoth occurred on the do	te and hour on	d from the	couses stoted
OR A DIRE	Pept Herr		226. SIGNATURE				DEGREE		45000	22c. DATE	SIGNED
ral of the deto deto	ote D		Day.	4		التعلق		DIRECTOR PHYSIC	IAN 🗌	3/	10/01
HOSPITAL sined by th FUNERAL	STAN		224. PHYSICIAN'S NAME (TYP	11 1		2	22e ADDRESS	11102		1	1 00 1
TO HOSPITAL (retoined by the TO FUNERAL I should be deto	t de la		100 H. M	colonol	oldo wo		10300 Grea	3-26/4 KT4	150	6000	1. V.
o i	3 <	- 13	URIAL, CREMATION, REMOV	AL 23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11.0	OUNTY	STATE
BP		Bu	ırial	3-16-8	36 W	ashin	gton Nat. I. C	em Suitland	I, PG,	Mary	land
DHMH - 16 60	OM 7/84	2	MANORS GASC	H'S SON	S FUNER	AL HO	ME, P.A. POT	REC'D. BY REGISTRAR	156 REGISTRAR	S SIGNAT	URE
(VRA 15		47	39 Baltimore A	ve., Hy	attsville,	Mary	land	0 1981 June	A PORTURAL VIOLEN	Hond	



		FOR		DEPARTM		OF MARYLAND	IENE			
	1.	STATE REGISTRAR		DEI ARTIM		CATE OF DEATH	8 REG. N	0 9	1 2	1 0
330 MM	I DE	CEASED NAME FIRST	MIDE	XE	L	ST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
poge 3	110	LC LC	VELLA	W	HITLE	Υ		03 02	87	11:55Pm
ffer b	3 SE	X	4. RACE		5 DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
o o o o o o o o o o o o o o o o o o o	F	emale	Black		Dec	. 13. 1900	86	YRS.	5 57.5	MIN,
757	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY	_	DEATH	
9		orth Carolin			WIDOWE		PRINCE G			MD.
nother		CHEVERLY	PRINCE GE	CHITY GIVE STORE A	HÖSPI	TAL CENTER	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Retire	OF WORKING LIFE) IN	2b. KIND OF NDUSTRY	BUSINESSOR
15 m	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO		E RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	0	20701
E		aryland	PG	Lanham	1	YES NO	1919 Ve	rmont A	venu	e - / / 6
E/)	1	illiam Whit	WIDDLE	LAST		MERST S	aunders MIDDLE		LAST	
0	_	VAS DECEASED EVER IN U.S. A		SOCIAL SECUR	DITY NIO	17 INFORMANT	ADDR	FSS		
-			SIVE WAR OR DATEST		1945	Ralph Whit			rmon	t Aven
17		18 CALICE OF BEATH (F-A-					1	T		MATE INTERVAL
F /		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS				Arnes	+		BETWEEN	NSET AND DEATH
-		IMMEDI				JANY 1115				
n n		Conditions, if ony, which	DUE TO, OR A	o habl	A L	relmone ~ E	mholisma			
er trojun		gove rise to immediate couse (a), stating the	DUE TO OP A	S A CONSEQUEN	NICEOE					
to L		underlying couse lost.	(c)	3 A CONSEQUE	INCE OF					
0,7	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	V PART Ito	
=	CERTIFICATION	Cardiac an	yhythm	in ath	will		ivar poss	ble agent	1 cens	brul viscolo
50	ICA	190 DATE OF OPERATION	194 CONDITIC	IN FOR WHICH C	OPERATION	WAS PERFORMED	200 AUTOPSY?	106. IF YES, WE	RE FINDING	GS USEDACCIO
é /	E		5 an this of the	THIRW.			YES NO	YES [NO 🗌
=		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE.OF D	EATH HOUR A.M.	MONTH DAY	Y YEAR	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	DR PART 2)	
or Hen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	INTUDY	19	211 LOCATION				
3	ME	WHILE IN NOT WHILE IN		FACTORY, OFFICE, FAI	RM ETC)	STREET	CITY OR TO)WN (OUNTY	STATE
100		AT WORK AT WORK	- 4-1)	11	2	27	3/2		27	
\$		22a. I certify that (I) (this has sow the deceased alive o above, (I) (web) (did) (did)	1 / 1	1.	one on	d that in (my) (our) opinion of	death accurred on the d	ote and hour and	from the c	not (II (we) lost
em 5		obove, (I) (welfdid) (did i	not) view the body ofte	er deoth.		EGREE			22c DATES	
IMPORTANT: # #		Mony	ed Dh	2 N	10	ATTENDING	MEDICAL STA	FF _	221 DATES	IGINED
Z-	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSI	IAN		
MPORTAN		Knn	. / /	ENRY		7603600	in Ane N	100	2	11
<u>x</u>	23n	URIAL, CREMATION REMOVA			AME OF CE	METERY OR CREMATORY	1236 LOCATION	N D C	200	1)
		SPECHY) Surial ///	Marof	1987		rmony Memor	CITY OR TOWN	Land	OVER	Maryla
17/84	_	INERAL DIRECTOR	11/1/	11.1	1	25a D V	AR O BIRECHAR	25h ALCUSTRANT		
)	64	MANE JOHN	Home-	1001 80	un.	Rd N.E		0		- শ্ৰে
	1	The second second	11/2111			IV. IV.F. I				

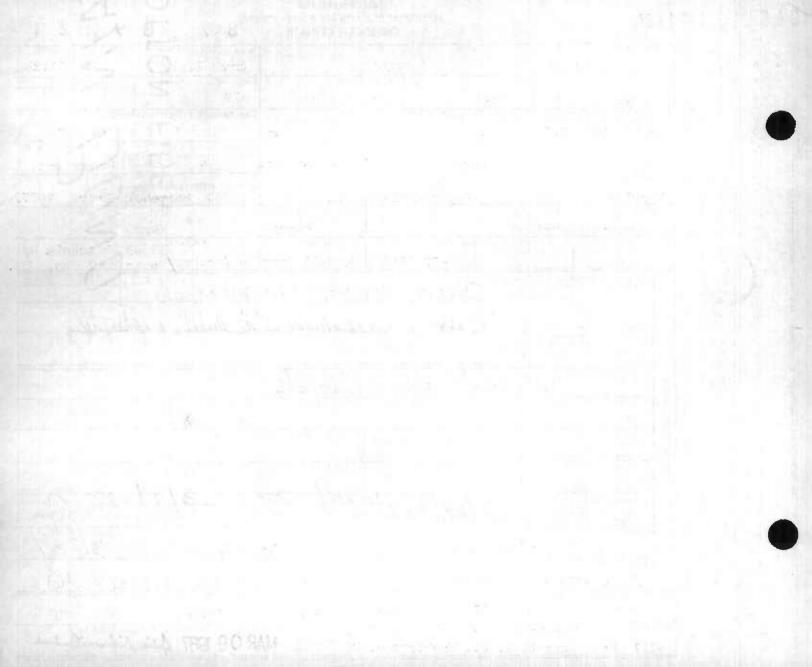


017	0 0 7 844	FOR STATE			E OF MARYLAND IEALTH AND MENTAL HYG	IENE		
2047.	JUI HA	17 REGISTRAR			ICATE OF DEATH	REG. NO.	0 9 2	. 1 7
	m =	I DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE		AST	20. DATE OF DEATH MONT		2b. HOUR
y be	death death		ARGARET D. W			March 7, 198		11:47 PM
# 4	or. p	3. SEX	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9 00	ours o	Female	Caucasia		-1914 YEAR		YRS.	
deoth. P	of Ohice	76 BIRTHPLACE (STATE OR F COUNTRY) Kentucky	U.S.A.	MARRIE		Prince Geor	ge's	MD.
on softer	by the filled with	Riverdale	(IF NOT IN SUCH FACE	PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS) emorial Hosp		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Publications	RKING LIFE) INDUSTRY	Geograp
AND 212	filled in	13a. STATE		residence before admission) CITY OR TOWN yattsville	13d. INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS / ZIP 4301 Kennedy	y Street 2	20781
PYL	and 2 st	FATHER'S NAME FIRST John	MIDDLE	nell	15 MOTHER'S MAIDEN NAM	MIDDLE	Wathon	,T
ag (Page /	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? 166	SOCIAL SECURITY NO. 06-07-0835		Jamestown Roasko, Hyatts		20782
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN The low requires that the death certific offending physician.	s been signed by the attending trimit. Then please remove carbons prior to burriol, cremation, or remound injury, or other traumatices.	Conditions, if any, gave rise to imm couse (a), statin underlying couse	which lediote g the last. (c) WHICANT CONDITIONS CONTR	A CONSEQUENCE OF		20e AUTOPSY? 20b	ON GIVEN IN PART TO	NGS USED
N OF VITAL R	s certificate has burial-transit pe Mental Hygiene ir Hem 18 shows	21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF ETIMER NOTIFY MEDIC 21d, INJURY OCCURR	AUSE OF DEATH HOUR A.M.	MONTH DAY YEAR		YES NOW	YES	NO []
OR ATTENDING PHY	DIRECTOR, After this bothed for use as the bothed for use as the both of the other of Health and A ftem 21 is marked or	220.1 certify that (I)	THE CAT HOME, STREET, FA	actory, office, farm, etc.)	211 EOCATION STREET 19 and that in (my) (our) opinion of DEGREE ATTENDING	ieoth occurred on the date of	22c. DATE	SIGNED
O HOSPITA	thouls be de- count the Ston	James W.	-	A	7525 Greenwa	te #316 ay Cnt., Gree		
BF		Burial, CREMATION,	3-11-87	Ft. Lin	EMETERY OR CREMATORY coln Cemetery	Brentwood,	PG, Mary	yland
	H - 16 60M 7/84 VRA 15, 4)	4739 Baltimo	ASCH'S SONS	FUNERAL H	OME, P.A.MAR	RECO BY STRAP 256A	re Chromotopen Na	NII CARS

Construction of the contract o The first that the first was the first that the fir

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN F OF ESTI-DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS PRONOUNCED March 31, 1926 60 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEA NEVER MARRIED OREIGN COUNTRY) New Jersey Prince George's County U.S.A. DIVORCED IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Prince George's General Hospital Cheverly Secretary Health & Human Resources 113e. STREET ADDRESS P.G. CITY OR TOWN 13d INSIDE CITY EIMITS? Maryland Riverdale NO □ 5910 61st Avenue 20737 YES X 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME McMahon Massett James Francis Genevieve 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Son) 1671 News Windsor Court 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) William J. Wilkerson Crofton, Md. 21114 No 579-28-2222 18 CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c),) lino to condinos sult direc PART I DEATH WAS CAUSED BY IMMEDIATE CAU! DHE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted fram: Natural causes Hamicide Undetermined manner Deputy MEDICAL EXAMINER EXAMINER'S NAME 送記録 August P. Rodliguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 230 BURIAL, CREMATION, REMOVAL Gate of Heaven Cemetery Silver Spring Montgomery Mo Burial 03/09/87 07/B4 25M FUNERAL REGION OF THE PROPERTY **DHMH - 17** (VR A15 ME (5))





DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 1.DECEASED NAME 20. DATE KNOWN 26 HOUR ALYPE OR PRINTI Williams Janis DEATH MATED R. 31 19 87 10:20 A M 6 AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 5. DATE OF BIRTH 20 DATE LAST BIRTHDAY PRONOUNCED 1087 DEAD FEMALE. BLACK 9. 1956 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED V NEVER MARRIED FOREIGN COUNTRYS Prince George's County II.L. U.S.A. DIVORCED WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Cheverly CREDIT COLLECTOR DEP'T. STORE SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1131 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS VA. NONE ALEXANDRIA YES X SEVENWOODS DR. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ALIDDIE LAST LAST FIRST FIRST MITCHELL HUGHES LEL TA M. GEORGE 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 359-50-8641 LAWRENCE E. WILLIAMS (SAME AS ITEM #13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO TO EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR Driver in auto/auto collision 31,087 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Rt. 50, East of Kenilworth Ave. PG County MD WHILE NOT WHILE Autopsy X at the remains described above, held on 22a. I certify that I tau Inspection and in my opinion Accident X Homicide ____ deoth resulted from Undetermined monner TITLE (SPECIFY) ACTUAL 4-1-87 Assistant DATE MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 4-3-1987 CREMATION CHAMBERS CREMATORY RIVERDALE P.G.C. Md. 24 FUNERAL DIRECTOR dia Divideon Roadalle W. W. CHAMBERS CO. RIVERDALE, Md. 20737 (VR A15 ME (5))

STATE OF MARYLAND

The Control of the Co

A SHEET THE DESIGNATION OF THE RESERVE OF THE RESER

10

4/18

						STA	E OF MARY	LAND					
048371 MAR	27.8	OR STATE			DEP			MENTAL HYG	IENE		19	2:	2 3
		REGISTRAR				CERTI	FICATE OF	DEATH	0 /	REG. NO.		100	
	I. DECE	ASED NAME	FIRST		MIDDLE		LAST		20 DATE OF D	DEATH MONT		-	2b. HOUR
d end		ChAR	PLRS		OOURO	whe	11250	N		3	-20	-87	19 = DW
0 0.0	3. SEX	1410	4	RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UI	NDER I YEAR	HOURS MIN.
10 of 1	//	MALE		WHIT	ie	2	1	1413	7.	4	YRS.		
1 1145	70 BIRT	HPLACE STATE OR	FOREIGN 71	CITIZEN OF		TRY? 8.	D NEVER	MARRIED -		E CITY OR CO		DEATH	
	marked R. A.	DON KY	1.	U.S.		WIDOV	ED 🔲 🛚 🖸	NORCED [GEUR	res		MD.
11/3/	10 CITY	OR TOWN OF DE	ATH 1		HOSPITAL, NU	JRSING HOME STREET ADDRESS)	OR OTHER IN	STITUTION	120 USUAL OF	CCUPATION OR MOST OF WOR	(ING LIFE)	26. KIND OF	BUSINESS OR
0	ust	ur MBKlol	50427	9115	MORL	BORD	Pike	LUT#60		MOLN	10 0		2 BUS.
1 2 5 5 5 T	13a, ST	RESIDENCE OF NUMBER OF THE PROPERTY OF THE PRO	IJL COUNT	THER INSTITUTION	13c. CITY OR	BEFORE ADMISSION		CITY LIMITS?	13e STREET AL	DRESS		20	772
AN 5 43 35	ME	RILAND	PRINCE	Georges	4mly 1	MAR48UNI	YES 🗌	NO F	91151	BALBU	80 PT	ke "	100
RY 4 15/1/2	14 FATI	HER'S NAME	M	IDDLE	LAS	1	15. MOTHER	EIRST	AE	MIDDLE .		LAST	
W I I COL		MA			WIL	SON	Luc	Y	ELS.	rosedn	1	16Wh	OKTER
BALTIMORE, MARYLAND 2 For the case sheet within 24 ha Oktoor and completely pled out to be seen a second a s		S DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORM			ADDRESS			
W (1 114) 1/		NO			579-0	57-8804	ADD.	16 1	BRGBRG	et h	1'LSO		-
N N N N	1	PART I. DEATH W	H (Enter only	ane cause per	lige far (a), (t	-magaci	1.1		mix di				NATE INTERVAL
2013		PARTI. DEATH W	IMMEDIATE		Kerph	ston	Jarles	٧				12411	120ATE
No the correction of the corre				DUE TO, O	R AS A LONS	EQUENCE	1						4.,,
dea dea atte		Canditions, if any gave rise to imi		(b)_	CANC.	en of	The	PALAT	2			198	14
V. Pl		cause (a), statis	ng the	DUE TO, O	R AS A CONS	EQUENCE OF							
tho dby least ial, c				(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST CHARLES CLARENCE THE CONTROL BY THE death Control of the control		ART 2 OTHER SIGI	VIFICANT CO	ONDITIONS CO	ONTRIBUTING	S TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN I	N PART Ita	
O u u u u u u u u u u u u u u u u u u u	CERTIFICATION	DATE OF OPERA	TION	TION COND	ITION FOR W	HICH OPERATION	SALIMAS DEDE	ORMED	20a AUTOP	CV2 20h	IE VEC \A/I	ERE FINDING	CELICED
SE S	55	DATE OF OPERA	TION	198. COND	IIION FOR W	HICH OPERATI	JIV WAS PERF	OKMED		INC	ERTIFYIN	G CAUSES (OF DEATH?
TAI THE STATE OF T	ERT	To, ACCIDENT WAS UN	DERLYING	21b. TIME O	E IN II IRY		214 HOW 1	NJURY OCCURR		NO D	YES [00.04.07.21	NO 🗆
N STATE OF S		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH		The now i	NJORT OCCORR	ED (ENIERNATU	ME OF INJURY IN III	EM 18, PART I	OR PART 2)	
ON ON THE PARTY OF	MEDICAL	(IF EITHER NOTIFY MEDI		P. 21e PLACE	OF IN ILLEY	19	211. LOCAT	ION					
A PH		WHILE TO NOT WI	HILE		REET, FACTORY, OF	FFICE, FARM ETC)	STRE			CITY OR TOWN		COUNTY	STATE
DING OF STREET	I -	20. certify that (1)	RK	I) attended th	a deceased 6	rom JUC	1	10 84	MA	14h 20	10	80	hat (1) (last
N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		saw the deceas	ed alive an_	3/19		OD	ind that in (m)	() (of) apinian o	. 10		d hour an		/ >
RECO	7	abave, (1) (1) (1) (1) 2b. AIGNATURE	did) (did ot)	view the bady	after death.		DEGREE	/				22c. DATE S	
A D D S		llerost	P.1	11111	2 349	mo		ATTENDING PHYSICIAN	DIRECTOR	STAFF	7	3/2	1/8)
14 9283	3	HYSICIANSIN	AME (TYPE OR	PRINT)		7.10	22e ADDRE		DIRECTOR	THISCIAN		0/2	0 10
O HOSPI relatived by MAPORTA	6	tose ph	P. CA.	RUSO A	un		9131	PISC	AT ALAX	KD CL	ノルズル	1 40	2173/
54 54 #	230 BU	RIAL, CREMATION,		236. DATE	10	23c. NAME OF	CEMETERY OR		23d LOCAT	ION		- 2	70.7-
BP	Bu	rial			rch87			Cemete	ery cos	üïtlar	d T	P'G'	Ma
DHMH-16 30M 2/80	24 FUN	ERAL RIBEGIER	+ F M		1			25a. DATE	REC'D. BY REC	SISTRAR 256 R	EGISTRAR	SSIGNATU	JRE
(VRA 15, 4)		Funer	al Ho	me	Su ADDR	itlan	d, Md.	INAAD	24 198	1 The	David	wor-Ran	dath
								-					

Marketing of the control of the cont THE STATE OF THE S

BP.

1 - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

MALE

VIRGINIA O CITY OR TOWN OF DEATH

Lanham

14. FATHER'S NAME

NOS NO OR UNKNOWN)

TO BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY OF ARYLAND

160. WAS DECEASED EVER IN U.S. ARMED FORCE

3 SEX

FIRST

MELVIN

4 RACE

BLAC

76 CITIZEN

II, NAME (IF NOT IN

Docto:

NONE

DEPARTN	ENT OF H	OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	IENE	REG	G. NO.	0	9	2.	2	No.			
MIDDLE	Į	AST		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR										
		WINGO		MARC	CH	30	1	987		12:	M00:			
	5. DATE C	FBIRTH		6 AGE	IN YEARS LA	ST BIRTHD.	AY}		RIYEAR	IF UNDER	R 24 HRS			
CK	work.	12	1901	85			YRS	MONTHS	DAYS	HOURS	MIN.			
OF WHAT COUNTRY?	8	- D Meyer	annien []	9 BALTIA	AORE CI	TY OR C	OUNT	Y OF DE	ATH					
S.A.	WIDOWE		DRCED	Pı	cince	e Ge	orge	e's			MD.			
OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET A CS HOSPITA	ADDRESS)	Pr. Geo	176 USUAL OCCUPATION (179E OF WORKERS MOST OF WORKING LIFE) (179E OF WORKERS ADST OF WORKING LIFE) (179E OF WORKERS ADST OF WORKING LIFE) (179E OF WORKERS ADST OF WORKING LIFE)											
ON GIVE RESIDENCE BEFORE		13d INSIDE CIT	Y LIMITS?	13 STREET ADDRESS CZIP COPE ACE 20 774										
LAST		INDIA		ME DERS	ON MIDE	διε			LAS	ī	,			
? 166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT		Al	DDRESS								
225-26-	1585	LOIST	EEN W	INGO	,912	20 (JTI	CA	P_		1.94			
per he faryal, (b), and	Cac	in (Irest	Ae					APPRÓXI BETWEEN (MATE INTE	RVAL DEATH			
, OR AS A CONSEQUE	NCE OF				19									
OR AS A CONSEQUE	NCE OF													

	18 CAUSE OF DEATH (Enter only one couse per We for a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Protote	APPRÓXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (15)		
	gave rise to immediate couse (o), stating the underlying cause lost.		
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Tras

CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES [

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY

17a.1 certify that (l) (this haspital) attended the deceased from

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

DEGREE THE DATE SIGNED

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN (TYPE OR PRINT) 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

(SPECIFY) CITY OR TOWN BURIAL 4/5/87 CEMETERY

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

CITY OR TOWN

NO F

STATE

STATE

COUNTY

MEDICAL

STN. W

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

e loss	FOR Tiplen	ov.m #07-	-25	D	EPARTMEN		F MARYLA		HYGIENI	E					
takin da	STATE	own #87-	33		ICAL EXA							1 9	* 3	2	S
	ECEASED NAME	FIRST			MIDDLE	-	LAST			-	REG.	MONTH	H DAY	YEAR	2b. HOUR
(1	YPE OR PRINT)	Kelly			Ann		Worde	าก		OF	MATED 5		22	1987	
3 5	X	4. RACE		TE OF BIRTH	6. AC		F UNDER 1 YR	. IF UNDER		2c. DATE		MONTH		YEAR	24 HOUR 4:30
f	emale	white	1	2 29	1965 2	1 YRS.	AONTHS DAYS	HOURS	MIN	PRONOUI		3	22	19 87	4:30
1	OREIGN COUNTRY)		7b. CT	TIZEN OF WH.	AT COUNTRY?	8 ~	ARRIED N	NEVER MARR	RIEDXIX	9 BALTIA	ORE CITY	OR COU	NTY OF	DEATH	
A.	rlingto	on, Va.		SA.		WI	DOWED	DIVORC	CED 🗆					Count	7 1410
	Beltsv	rille	1	130115	ITAL, NURSING	eld Rd		NOITUT	FOR M	OST OF WO	PATION (TY RKING LIFE) Prial		T€	IND OF BUS EMPISTRE ELVIC	Y
35t	STATE Md.	13b. COUN	VTY	INSTITUTION, GIVE	13c. CITY OR TO	OWN	13d. INSIDE	E CITY LIMITS?	13e. STRE			7		0708	
支	ATHER'S NAME							HER'S MAID			Churc	nrie	51a		
5	John		MIDDL	3.	Word	en		erst uth		A	AIDDLE		Mar	LAST	
		EVER IN U.S. AR			16b. SOCIAL S						ADDRES	5	McC	see_	
	no, or unkno	(IF YES, GIVE	WAR OR I	—	212-8	0-852	1 John	n Wor	den	Sar	ne as	13	9		
	18. CAUSE O	DEATH (Enter or	nly one o	ause per line f				1101	ACII	Dai			A	APPROXIMATE I	NTERVAL
	PARTIDE	ATH WAS CAUSE IMMEDIA	D BY: TE CAU	SE (a) Gur	nshot w	ound o	f head	(unsp	ecifi	ed o	bject:)	BEI	MEEN ONZEL	AND DEATH
		WWW.DIA	(S A CONSEQU					-					
		s, if any, which		(b)											
	couse (a)	stating the under	5	(-/-	S A CONSEQU	ENCE OF								11.00	
	lying cou	e iast.		(c)											
2	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBL	JTING TO DEATH BE	JT NOT RELATED TO	THE TERMINAL O	ISEASE OR CONDIT	ION GIVEN IN PA	ART 1 (o).		5, 5, 5, 1				
TIO	19a DATE OF	OPERATION		10k CONDITI	ON FOR WHIC	HOPERATIO	N WAS DEDEC	PAAED?					100	AUTOPSY?	
CERTIFICATION						O. Cherring	THE TENT								
ERT		L CAUSE WAS		216 TIME OF HOUR XX	INJURY	2	C HOW INJUR	RY OCCURRE	ED (ENTER N	ATURE OF IN	JURY IN ITEM U	PART 1 OR I	- 1	YES 🔯	NO 🗆
	UNDERLYING	OR IG CAUSE OF	DEATH		MONTH DAY	YEAR	Subject					3	,		
MEDICAL	21d. INJURY O		DEATH		FINJURY (AT	IOME 21	LOCATION								
ME	WHILE AT WORK	NOT WHILE AT WORK	<u> </u>		nd ARM, ETC.)		11301 9	Spring	field	CIRO	"Belt	svil	Jenin I	PG Co.	STATE
	7.	one saint	200				(57)								****
	death results	y that I tooly char	rollean	[70	Carrie he	-	Anni de la constante	Inspectio		Inquiry	CV8	nd in my o	pinian		
	deam returne	///	17 des	VI	no.	Swicide		nicide	Undete	rmined mi	onner [23]				
	ACTUAL SIGNATURE_	1 /14	1	· de	non	-30.7		(SPECIFY) sistan	t			DATE		23-87	
7				1		5 6	_ M.D			CALEXAA		SIGN		-	114
	EXAMINER'S I	()		- 1	Kokes, I		ADDRESS				, Bal	cimor	re, N	MD 21:	201
230.		mation		27/87	Balt	OF CEMETE	Sh. Cre	emato	23d. LO	CATION	1	P.G.	UNTY	Mary.	land
24.	FUNERAL DIREC		501		Sprin				†		D TYSE DEC	ICTD AD'C	SICALAT	TLIDE	
T	NAME	uneral		ADDRESS		-		N. J. A.	AR3C	1987	1 Juli	a Du	idem.	Rendal	
	TECY L	uneral	пО	me, III	- · Laur	CT , MC	201	A LIDE	1100		- 4		-	and the same of th	



			-							TE OF MARYLA						
4	6656	MAR	1		FOR STATE REGISTRAR			DEP		FICATE OF D		ENE 8	REG. NO.	0	9 2	2 6
					CEASED NAME	7.5		MIDDLE		LAST		2a. DATE OF	DEATH MO	ONTH DAY	YEAR	2b. HOUR
	y be	er deoth	L		ALFR	EDA .	EDIT	H V	VRENN				MA	n	87	330 PM
	om 1	fter	-	B. SEX			I. RACE		S. DATE	OF BIRTH	.YEAR	6 AGE (INY	EARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
	ge 4	o sur]	Female		White		Jun		904	82 y		YRS.		
	eoth. Po	250		N. BI	RTHPLACE STATE OR FORE OUNTRY)	EIGN 7	USA	WHAT COUNT	MARR WIDOV	ED NEVER M	AARRIED -		ce Geo			y MD.
10	1	led with			Y OR TOWN OF DEATH		I IF NOT IN SUC	CH FACILITY, GIVE S	TREET ADDRESS)	or other inst	TITUTION		OCCUPATION FOR MOST OF W		126 KIND OF INDUSTRY Own I	F BUSINESS OR Home
ND 212	24 heim	ad be						GIVE RESIDENCE		134 INSIDE CI	ITY LIMITS?	13. STREET 4922	ADDRESS LaSall	e Road	đ	20782
MARYLA	d within apletely t	ds 2 sh	4	4 FA	THER'S NAME FIRST		auza	LAST			MAIDEN NAM	NE .	MIDDLE een		LAST	
MORE, A	e esecute	Pages 14 medical e	1	6a W	AS DECEASED EVER IN	U.S. ARM	NED FORCES?	719-03	SECURITY NO.	17 INFORMAT	NT		ADDRESS	wasi	h., DC	
ORDS, 201 W. PRESTO	require that the dece	a. They pile committee, and injury, or other traum		ATION	Conditions, if ony, w gove rise to immed cause (a), storing underlying cause PART 2 OTHER SIGNIF	liote the lost.	(c)ONDITIONS CO		TO DEATH BU	T NOT RELATED		NAL DISEAS			IN PART 1(0	
AL REC	The low clark	P	3	CERTIFICATION		- 3			TICH OFERAL			YES 🗌	NOG	N CERTIFYIN	NG CAUSES	OF DEATH?
OF VIT	ICIAN 9 phy ertifical	intol-tre	1		210 ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEAT	"	M. MONTH	DAY YEA	2	JURY OCCURRI	ED (ENTERNA	TURE OF INJURY II	NITEM IB PART	1 OR PART 2)	
DIVISION OF	IG PHYS offendin	s the bur and Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21R PLACE	OF INJURY REET, FACTORY OF	FICE FARM ETC)	211 LOCATIO STREET	N		CITY OR TOWN		COUNTY	STATE
	HOSPITAL OR ATTENDING or af FUNERAL DIRECTOR: Af	State ANT: I			sow the deceased obave, (1) (did did did did did did did did did d	nes	Ju-	atter death.	P	DEGREE A A P 22R ADDRESS	TTENDING (eath occurre	STAFF PHYSICIA	и	22c. DATE S	SIGNED 1/87
	O HOSP etoined b	should be di with the Sto IMPORTANI	4		JAM	es.	J-1	057	en	91	6	1913		n h	JASI	10.C.
	BP			1:	Burial	MOVAL	Mar.			CEMETERY OR C	emetery		ington	-	OUNTY	STATE
	DHMH - 16 (VRA 1			24 FI	NERAL DIRECTOR Volte Funera Wisc. Ave.	L Hon	Mash:	, DC AD	John	F. De	Cal	RO91	GISTRAR 24		R'S SIGNATI	

ALICONE TO THE CONTRACT OF THE

recold White June 23, 1 0 de re.

Is isl lower to ising

rinning to the control of the contro

Styles to Mark Store Cook all and the state of the store of the store

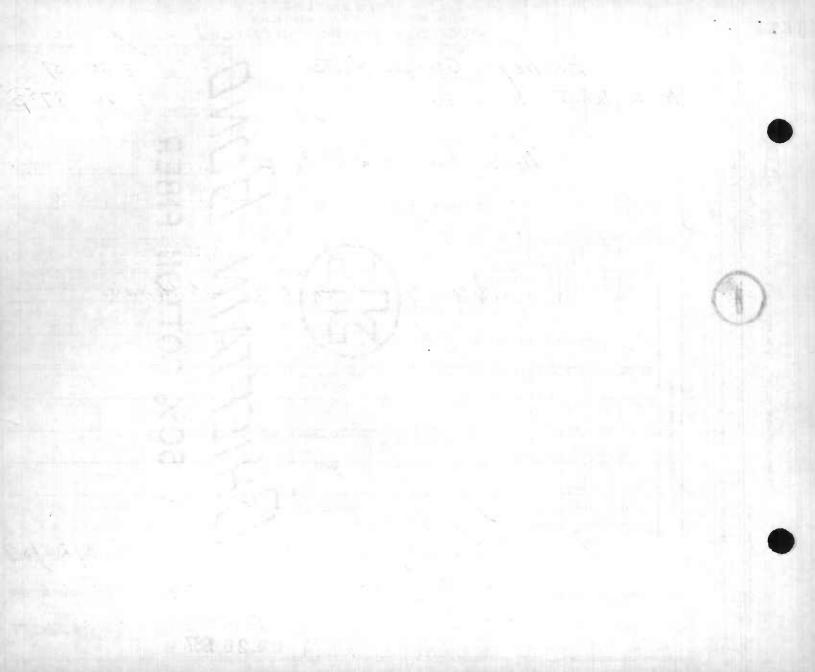
osh, IC Here Tip-0- N Mr. rawris Ferwick, etc., 10 1 1 h st., M

The King of the Control of the Contr

mener ler. E, 1 of th. Ollva Comerant Weshinton, DC

Lay largers, H. saleh:, IC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE I. DECEASED NAME a DATE KNOWN (TYPE OR PRINT) DEATH MATED DATE RONOLINCED 56 DEAD NEVER MARRIED U.S.A. Washington, D.C. Prince George's DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Chef/retired Lanham U.S. Army SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Prince Georges 7538 Wilhelm Drive, 20706 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Hook Yates Marion 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Colleen Yates, 7538 Wilhelm Dr., Lanham, 1964/Vietnam 577-40-0207 Mary: land, 20706 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c),) Anteris peluolie Cordio Vascula dinane PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAIED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 🖃 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY LATHOME 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22e. I certify that I took charge of the remains described above, held an Natural causes Hamicide Undetermined manner TILLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto P 230 BURIAL, CREMATION, REMOVAL 236, DATE 236 LOCATION Burial Mar.24, 1987 Cheltenham Cheltenham Pr. Geo. Md 07/84 25M 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE ADDRESS 4739 Baltimore Ave. **DHMH - 17** Francis Gasch's Sons, (VR A15 ME (5)) Hyattsville, Md. 20781



DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH UREGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTIhomes 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DIRECT DATE NO THE FUNERAL DIRECT NOT PAGE 5 FOR YOUR FOR PAGE 5 FOR YOUR FOR PAGE 5 WITHIN 72 HC DAY LAST BIRTHDAY PRONOUNCED Feb. 14, 1924 DEAD y:6 B In BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEAT MARRIED XX NEVER MARRIED Washington, D.C USA WIDOWED DIVORCED PGCounty 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cheverly Prince George Hospital Clerk and Taxi Driver 13g STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland PG 905 Sitka Lane Cap. Hats. YES 🗌 NO L 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Cooper Hattie Young 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 5914 Vivian Young-wife-905 Sitka Lane 40 yes 18 CAUSE OF DEATH (Enter only one couse per line for (a). It DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONGET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OF R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR CATE, WRITING THE FORWARDED TO 1 TOR: PAGE 3 SHOUL THE STATE DEPARTM UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM ETC. STREET CITY OR TOWN STATE WHILE AT WORK COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Accident Suicide Homicide ... Undetermined manner TITLE (SPECIFY) 3-3-87 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez. ADDRESS 5009 Rayburn Ct Temple Hills, MD (TYPE OR PRINT) 230 BURIAL, CREMATION ALMOVAL 23b DATE E-OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 07/84 Memorial Cemetery and, Md 25M **DHMH - 17** Funeral (VR A15 ME (5)) Home 400

STATE OF MARYLAND

Marie Bride Comme Comprise to ont fortesser and and many from the sail of 5 - 3-87